



CITY OF DICKINSON

Community Development Department
4403 Highway 3, Dickinson, Texas 77539
Phone: (281) 337-6259 Fax: (281) 3347-6190
Web: www.ci.dickinson.tx.us

FOR OFFICE USE ONLY

Date Received: _____
Date Processed: _____

APPLICATION FOR A CERTIFICATE OF REGISTRATION TO OPERATE A CREDIT ACCESS BUSINESS FEE: \$50

Business Information

- 1) Business Entity Name: _____
Operating Name of Business (d/b/a), if Applicable: _____
Federal Employment Identification Number (FEIN): _____
State CAB License Number: _____
- 2) Location Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
- 3) Location Phone: _____ Location Fax: _____
- 4) Email Address: _____
- 5) Website: _____
- 6) If an existing State registered credit access business location, on what date did this location open for business? _____
- 7) Is this credit access business establishment location at least 5,000 feet from any lot containing another credit access business establishment, as measured in a straight line between the nearest points of one lot to the other lot? Yes No

Applicant Information

- 1) Full Name/Title: _____
- 2) Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
- 3) Primary Phone: _____ Secondary Phone: _____
- 4) Email Address: _____ Fax: _____

Person Responsible for Day to Day Operations

- 1) Full Name/Title: _____
- 2) Primary Phone: _____ Secondary Phone: _____
- 3) Email Address: _____ Fax: _____

Owner(s) Information

List the names and contact information of all owners of the credit access business listed on this application, along with all other persons with a financial interest in said credit access business, and the nature and extent of each person's interest in the credit access business.

- 1) Full Name/Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Fax: _____
Nature and Extent of Interest: _____

- 2) Full Name/Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Fax: _____
Nature and Extent of Interest: _____

3) Full Name/Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Fax: _____
Nature and Extent of Interest: _____

4) Full Name/Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Fax: _____
Nature and Extent of Interest: _____

Individual to whom any legal notice may be delivered:

1) Full Name/Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Fax: _____

(If more spaces are needed to complete the owner information, please print out this page and attach to the completed application.)

Application Attachments

<i>Attachment Number</i>	<i>Attachment Description</i>	<i>Is the Required Documentation Attached to this Application?</i>
1	Copy of current and valid state license held by the credit access business pursuant to V.T.C.A., Finance Code, Chapter 393, Subsection G.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Copy of a current and valid certificate of occupancy showing that the credit access business is in compliance with the code.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature

This is an application to secure a Certificate of Registration to operate a credit access business, as per Chapter 8, Article XII of the Code of Ordinances, City of Dickinson, Texas. Registration with the City of Dickinson is a requirement of credit access business and each location operated as a credit access business must be registered.

I, _____ (the undersigned) certify that the information provided in this application for registration, including but not limited to, disclosure of owners, principal parties, and all other supporting documents, schedules and exhibits are true, complete and free from any material omission(s). I further understand that the information provided may be further verified and that false or materially incomplete responses are grounds for denial of the application to register as a credit access business with the City of Dickinson.

Signature

Printed Name and Title

Date

THE STATE OF TEXAS §

COUNTY OF GALVESTON §

SUBSCRIBED AND SWORN before me, this _____ day of _____.

(Seal)

NOTARY PUBLIC STATE OF TEXAS

Other Important Information

- The above mentioned applicant or registrant is responsible for notifying the Community Development Department in writing within 45 days after of any material change in the information contained in this application, including, but not limited to, any change of address, contact information, and change in the status of the state license held by the applicant or registrant.
- All permits expire on the earlier of (1) one year from the date of issuance or (2) the date of the revocation, suspension, surrender, expiration without renewal, or other termination of the registrant's state license.
- Renewal Applications for a renewal of certificate of registration must be filed at least 30 days before the date of the expiration date listed on the certificate of registration.

Submission Instructions: Mail or deliver completed original application with associated non-refundable fee to: City of Dickinson, Community Development Department, 4403 Highway 3, Dickinson, TX 77539. The Community Development Department accepts cash, checks, or credit cards for payment. Please note that incomplete applications cannot be processed.