

CITY OF HOUSTON

CREDIT ACCESS BUSINESS APPLICATION FOR CERTIFICATE OF REGISTRATION

		Office Use:		
		BL #:		
		Expiration Date: Texas State CAB License Number:		
SECTION 1: SPECIE	FIC STORE INFORMATION	V		
		•		
Entity Name or Name of Owner		Federal Employment Ide Social Security Number of		
Operating Nan (D/B/A if different f		Webs	ite	
Business Address:				
Mailing Address:	Number and Street Name Number and Street Name	City	State	Zip code
	Number and Street Name	City	State	Zip code
Location Telephone: _		Facsimile (Fax) Number	er:	
Name & Title of Cont (for this location)	act Person:			
Contact Person's Tele	phone:	Contact Person's Email: _		
	•			
SECTION 2: MAIN (OFFICE CONTACT INFOR	MATION		
Registrant's Name	e or Trade Name	Federal Employment Id	lentification N	umber
Registrant's				
Physical Address:	Number and Street Name	City	State	Zip code
Mailing Address:	Number and Street Name			
	Number and Street Name	City	State	Zip code
Registrant's Corporate I	Phone Registrant's Fac	esimile Registra	nt's Email Ad	dress
ACCESS BUSINESS	AND THE NATURE ANI S AND ATTACH IF NECESS	·		
	Names including any alias, f	ictitious name, and D/B/A		
Business Address:	Number and Street Name	City	State	Zip code
Mailing Address:				
	Number and Street Name	City	State	Zip code
	Number and Street Name	City		
(If same, state same)	Number and Street Name	•		

2				
	Names including any alias, fi	ctitious name, and D/B/A		
Business Address:				
Mailing Address:	Number and Street Name	City	State	Zip code
(If same, state same)	Number and Street Name	City	State	Zip code
Telephone Number: _		Email Address:		
	st in credit access business (examp referred Shareholder). If more than		d outstanding cor	mmon stock]; Ge
3	Names including any alias, ficti	tions name and D/D/A		
D ' 4.11	Names including any alias, fich	nous name, and D/B/A		
Business Address: Mailing Address:	Number and Street Name	City	State	Zip code
(If same, state same)	Number and Street Name	City	State	Zip code
Гelephone Number: _		Email Address:		
4	Names including any alias, ficti	tious name, and D/B/A		
Business Address:	Number and Street Name	City	State	Zip code
Mailing Address: (If same, state same)	Number and Street Name	City	State	Zip code
Telephone Number: _	rumber and Succervance	Email Address:	State	Zip code
Partner; Limited Partner, P	st in credit access business (examp referred Shareholder). If more than any: Registered Agent (Indiv	idual to whom any legal noti		
1	Agent Name			
Agent Address:				
	Number and Street Name	City	State	Zip code
Telephone Number: _		Email Address:		

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

SECTION 1-11. APPLICATION FOR PERMITS, LICENSES, ETC.

My name is		
<u> </u>	(first, middle, and last name),	
My date of birth is		, and
My address is		. and
	(street, city, state, zip code)	
(country)		
-	of the statements made in the application. None of suance of the license, permit or certificate does no	_
leed restrictions or city, sta	te, or federal laws or regulations. To the extent that	at this declaration is made on beha
of a corporation or any other	er legal entity or persons, I certify that I have fully	advised them of the contents of t
	tion and that I am authorized to execute this declar	ration.
application and this declara		
	erjury that the foregoing is true and correct.	
declare under penalty of p		, on the
declare under penalty of p	erjury that the foregoing is true and correct.	, on the

(a) A license, permit or certificate issued pursuant to any code or ordinance of the city shall not be issued unless