



CITY OF BAYTOWN

City Clerk's Office
2401 Market Street Baytown, Texas 77520
Phone: (281) 420-6504 Fax: (281) 420-5891
Web: www.baytown.org

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 No.: _____ Location Fax No.: _____
- 4) Email Address: _____
- 5) Website: _____
- 6) Date the credit access business commenced operations at the location listed in item #2: _____
- 7) If the date listed in item #6 above is on or after June 2, 2014, 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: _____

Owner(s)/Persons with Financial Interest

Include the following information for each owner of the credit access business as well as each person with a financial interest in the credit access business:

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

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

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

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

(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"/>
3	Payment of nonrefundable application fee of \$50.00.	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 20, Article II of the Code of Ordinances, City of Baytown, Texas. Registration with the City of Baytown 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 and persons with financial interest, and all other supporting documents are true, complete and correct. I further understand that the information provided may be further verified and that false or incomplete responses are grounds for denial of the application to register as a credit access business with the City of Baytown.

Signature

Printed Name and Title

Date

THE STATE OF TEXAS §

COUNTY OF HARRIS §

SUBSCRIBED AND SWORN before me, this _____ day of _____, 20_____.

(Seal)

NOTARY PUBLIC STATE OF TEXAS

Other Important Information

- The above-mentioned applicant or registrant is responsible for notifying the City Clerk's Office 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 certificates of registration 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 Baytown, City Clerk, 2401 Market Street, Baytown, TX 77520. The City Clerk's office accepts only cash or checks for payment. Please note that incomplete applications will not be processed.