

**CITY OF SAN ANGELO**  
**APPLICATION FOR**  
**CREDIT ACCESS BUSINESS REGISTRATION**

Finance Department, Accounting Division, 72 W. College Avenue; SAN ANGELO, TEXAS 76903

No registration fee if registration is received by January 17, 2017. Payments may be made by check (i.e. certified check, money order), cash or credit cards. Checks should be made payable to the City of San Angelo.

Date of Filing: \_\_\_\_\_

COSA Registration Number: \_\_\_\_\_  
(If Renewing)

State CAB License Number: \_\_\_\_\_

**SECTION 1: Exact name, main office address, mailing address, and telephone number of applicant**

Business Entity Name \_\_\_\_\_

Federal Employment Identification Number (FEIN) \_\_\_\_\_

Operating Name of Business (d/b/a) \_\_\_\_\_

Location Address: \_\_\_\_\_  
Number & Street Name City State Zip

Mailing Address: \_\_\_\_\_  
Number & Street Name City State Zip

Location Phone Number: \_\_\_\_\_ Location FAX Number: \_\_\_\_\_

Website: \_\_\_\_\_

**SECTION 2: Contact information for main office**

**Contact person for this application:**

Name & Title Business Phone FAX Number

Email Address \_\_\_\_\_

**Person Responsible for day-to-day operations:**

Name & Title Business Phone FAX Number

Email Address \_\_\_\_\_

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**SECTION 3: Owner contact information**

Owners: Proprietors, Partners, Members or Stockholders having any financial interest. Information from each owner is required. Please attach pages if additional space is required.

1. Name: \_\_\_\_\_ Financial Interest: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number & Street Name City State Zip

Mailing Address: \_\_\_\_\_  
Number & Street Name City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Financial Interest: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number & Street Name City State Zip

Mailing Address: \_\_\_\_\_  
Number & Street Name City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Publicly Traded Company - Registered Agent (Individual to whom any legal notice may be delivered):**

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_  
Number & Street Name City State Zip

Agent Phone Number: \_\_\_\_\_ Agent Fax Number: \_\_\_\_\_

**SECTION 4: Additional documents required**

**Attachments Required**

- Copy of Texas state license issued under Chapter 393 of Texas Finance Code
- Section 111 of the 2015 International Building Code adopted by the City in Chapter 4, Section 4.04.061 of the Code of Ordinances

This is an application to secure a Certificate of Registration to operate a credit access ("payday lending") business, per City of San Angelo Municipal Code Chapter 5 Article 5.11. Registration with the City of San Angelo is a requirement of credit access business and each location operated as a credit access business must be registered. The undersigned affirms that all 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 omissions. The undersigned understands that the information provided may be further verified. The undersigned further understands that FALSE OR MATERIALLY INCOMPLETE RESPONSES ARE GROUNDS FOR DENIAL OF THE APPLICATION TO REGISTER AS A CREDIT ACCESS BUSINESS WITH THE CITY OF SAN ANGELO.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_