

CITY OF SAN ANTONIO
APPLICATION FOR
CREDIT ACCESS BUSINESS REGISTRATION

Finance Department, Credit Access Business Registration P O BOX 839966; SAN ANTONIO TEXAS 78283-3966

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
- Copy of Certificate of Occupancy issued under Section 10-12 of the City of San Antonio 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 Antonio Municipal Code Article XVI. Registration with the City of San Antonio 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 ANTONIO.

Signature _____ Title _____ Date _____