



DEVELOPMENT SERVICES DEPARTMENT

200 Texas Street
Fort Worth, TX 76102
817-392-2222

CREDIT ACCESS BUSINESS REGISTRATION APPLICATION

REGISTRATION FEE \$25

REQUIREMENTS:

- COMPLETE APPLICATION
 - COPY OF CURRENT, VALID CERTIFICATE OF OCCUPANCY
 - COPY OF CURRENT, VALID STATE CREDIT ACCESS BUSINESS LICENSE (from Texas Office of Consumer Credit Commissioner)
- DATE: / /2020

SECTION 1: BUSINESS OR TRADE

Name:		
Operating Name of Business (d/b/a)		
Business Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Business Phone:	Business Fax:	
Email:		

APPLICANT INFORMATION

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Phone Number:	Fax:	
Email:		
Signature:		

SECTION 2: ALL OWNERS AND OTHER PARTIES WITH A FINANCIAL INTEREST IN THE CREDIT ACCESS BUSINESS AND THE NATURE AND EXTENT OF EACH PERSONS INTEREST (PLEASE USE ADDITIONAL PAPER AS NECESSARY)

1. Name:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Phone Number:	Fax:	
Email:		



NATURE AND EXTENT OF INTEREST IN CREDIT ACCESS BUSINESS <i>(example: Shareholder [20% of issued and common stock]; General Partner; Limited Partner; Preferred Shareholder)</i> If more than one interest, include all.		
2. Name:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Phone Number:	FAX:	
Email:		
NATURE AND EXTENT OF INTEREST IN CREDIT ACCESS BUSINESS (CONTINUED)		
3. Name:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Phone Number:	FAX:	
Email:		
NATURE AND EXTENT OF INTEREST IN CREDIT ACCESS BUSINESS (CONTINUED)		
4. Name:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
Phone Number:	FAX:	
Email:		
SECTION 3: PUBLIC TRADING COMPANY/REGISTERED AGENT(PERSON TO WHOME ANY LEGAL NOTICES MAY BE DELIVERED)		
Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	FAX:	
Email:		
This is an application to secure a Certificate of Registration to operate a Credit Access Business (per city of Fort Worth Ordinance 23991-12-2019). Registration with the City of Fort Worth is required for each location of a credit access business. The undersigned certifies 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 understand 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 Fort Worth and may incur penalties per the Ordinance.		
Applicant Signature:		Date:
Printed Name:		Title: