CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

http://www.clarkcountynv.gov/businesslicense

*Each application for business license shall be accompanied by a **$45.00 non-refundable application processing fee.***

ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.
Use BLACK INK only! Any incomplete, illegible or altered applications will not be accepted for processing.

	BUSINESS INFORMATION	Fictitious Firm Name	Classification or Category
A	**Business Name:** Cash America West, Inc.	**Doing Business As:** SuperPawn	**NAICS Code:** 522298 / 453310

B — BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).

Type of Business Ownership (Please select one)	☐ Sole Proprietorship ☒ Corporation ☐ Limited Liability Co. ☐ Partnership ☐ Limited Partnership			
Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)	**Name: Last, First, MI, or Corporation/LLC** Frontier Merger Sub, LLC		**Title** Owner	
	Address Line 1 Attn: Licensing Department 1600 West 7th Street		**Address Line 2**	
	City Fort Worth	**State** TX	**Zip** 76102	**% Owned** 100
Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) *(Attach additional pages as needed)*	**Name: Last, First, MI, or Corporation/LLC** See attached organizational chart		**Title**	
	Address Line 1		**Address Line 2**	
	City	**State**	**Zip**	**% Owned**

C — BUSINESS BASICS and CONTACT INFORMATION

Business Location	**Location Address Line1** 1995 North Nellis Blvd		**Location Address Line 2** Unit A-1	
	City Las Vegas	**State** NV	**Zip Code** 89115	**Country** USA
	Email Address licensing@firstcash.com	**Business Phone No.** 817-258-2667		**Business Fax No.**
Mailing Address *(If same as location, please indicate "location")*	**Mailing Address Line 1** Attn: Licensing Department 1600 West 7th Street		**Mailing Address Line 2**	
	City Fort Worth	**State** TX	**Zip Code** 76102	**Country** USA
Authorized Contact Info Local Counsel: Maren Parry 702-387-3096 parrym@ballardspahr.com	**Authorized Contact Last Name** Smith	**Authorized Contact First Name** Jennie		**Auth. Contact MI**
	Email address licensing@firstcash.com	**Primary Phone** 817-258-2667		**Cell Phone**
Business Location Information	☐ Owned (If owned proceed to "Describe all business activity" at the top of the next page) ☒ Leased (If leased please provide the following information for our records)			
	Lessor Name (Last, First, MI or Company Name) 1995 Nellis LLC			**Lessor Phone**
	Lessor Address Line 1 20343 North Hayden Rd.		**Lessor Address Line 2** Suite 105-333	
	City Scottsdale	**State** AZ	**Zip Code** 85255	**Country** USA

Describe all Business Activity:
Pawnshop with secondhand sales (no vehicles)

Date your business started at this location:
To commence upon approval of license by BCC

C	**Have you complied with the provisions of NRS 244.33505 Industrial Insurance?** (Please check with your worker's compensation carrier for additional information)	☒ Yes ☐ No
	Have you purchased a business currently operating in Clark County?	☒ Yes ☐ No
	Are you requesting a Temporary License?	■ Yes ☐ No

IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION

Date Business Purchased: Upon approval	**Clark County Business License No.:** 2001640.052-220;2005708.045-241	**Owners Name:** Camco, Inc.
	Number of Employees: unknown	**Square Footage of Premises:** approx 3,000

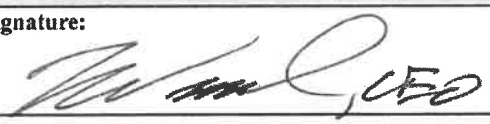
Does this business require a Professional or Occupational License issued by a State Board? ☐ Yes ■ No

(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)
If your answer is "Yes" please provide Name of Board: n/a

BUSINESS QUESTIONS

D	**Have you registered with the Nevada Secretary of State?** ■ Yes ☐ No	**NV Business ID (required)** NV20101844335

I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.

Signature:	**Print Name:**	**Date:**
	Rick Wessel, CEO	3-10-2023

COUNTY COMMISSIONERS APPROVAL PAGE

This temporary pawnshop license for SUPERPAWN is hereby approved this day, May 2, 2023, by the Board of County Commissioners.

BOARD OF COUNTY COMMISSIONERS

BY: _____
JAMES B. GIBSON, Chair

ATTEST:

_____
LYNN MARIE GOYA, County Clerk