### **Assignment and Report**

2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 782065-2016-0059-B1B					
3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOUR: 574309026C30566 9/23/2016					
5. REQUESTED BY (SIGNATURE, TITLE AND DATE)					

(b)(6)- Lead Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)

(b)(6), Area Supervisor, 10/02/2015

8. PURPOSE/SPECIAL INSTRUCTIONS

Please conduct a compliance inspection of a Type 02 Pawnbroker.

INSPECTION RESULTS	CHE	ECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)		
NO. OF VIOLATIONS	6	NO. OF REFERRALS	2111 - PER DIEM		
NO. OF TECS CHECKS	32	NO. OF TECS HITS	2112 - P.O.A.		
NO. OF TAX		\$ VALUE OF TAX INCREASES	2113 - COMM. AIR		
ADJUSTMENTS		\$ VALUE OF TAX DECREASES	2114 - RENTAL CAR		
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS	2115 - GPV EXPENSES		
NO. OF CLAIMS		\$ VALUE OF CLAIMS	2116 - MISC.		
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED	TOTAL \$ FOR INSP.		

#### 11. ATF OFFICER'S RECOMMENDATION

Submitted by (b)(6) - Industry Operations Investigator

Submitted on: 03/03/2016
On February 2, and 3, 2016, IOI (b)(6) conducted a firearms compliance inspection for the FFL, CJM Enterprises, Inc. d.b.a.

B&K Pawn Shop. IOI (b)(6) reviewed records on each of the days listed above. Mr. Scott Jeffrey McCommas, President/Director and Responsible Person, was interviewed at the premises located at 3400 North 19th in Waco, Texas. (b)(6) (b)(6), assisted with the inspection. No other Federal, state, or local agencies participated in the inspection.

The period of review was from February 2, 2015 to February 2, 2016. There were no missing firearms following the inspection or suspicious purchasers. There were no referrals generated as a result of the inspection.

The following violations were cited: 27 CFR 478.124(c)(1), 27 CFR 478.21(a), 27 CFR 478.124(c)(4), 27 CFR 478.124(c)(5), 27 CFR 478.126(a), and 27 CFR 478.125(e).

Viols WL ONLY and No Recall Inspection

			12. TIME ACCOUNTING DATA	
ATF OFFICER'S NAME (N	MONTH, YEAR	R, HOURS) (	0)(6)	
NOV	2015	1.00		
JAN	2016	3.50		
FEB	2016	35.00		
MAR	2016	2.00		
ATF OFFICER'S SUBTOTA	AL	41.50	ATF OFFICER'S SIGNATURE	
TOTAL HOURS		41.50		

#### U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

### **Assignment and Report**

OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY)		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 782065-2016-0059-B1B					
CJM Enterprises Inc. B&K Pawn Shop	3. PERMIT/LICEN 57430902		4a. TARGET DATE 9/23/2016	4b. TARGET HOURS			
3400 North 19th Waco, TX 76708, MCLENNAN- 309		5. REQUESTED BY (SIGNATURE, TITLE AND DATE)			,		
	13. R	EVIEW AND ROUTING					
Viols WL ONLY and No Recall Insp	ection						
□ REVIEWED	CONCUR	SEE COMMENTS		DISPOSITION			
(b)(6) - Area Supervisor	)(6)  De tally signed by(0)(6)  Of ATF and (0)(6)  Of ATF and (0)(6)  Description of ATF and (0)(6)	the state of the s	REVIEW	DATE 03/28/201	16		
ROUTING SEQUENCE AND DATE  1 2 34.	Parish and an area distribution	CONTRO	OL FILE POSTE	ED DATE			

Instructions  Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in quadruplic					th
proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report in the completed inspection report in the complete in the co			from the completed County	report for their files.	
BLK PANNSHOP 3400 NORTH 19th WACO	TX		MCLENNA		
License/Permit/Registry Number (if any) Expiration Date Date(s) or Period of $5-74-309-02-60-30566-3/1/2016-2/2/201$		12016			-
Inspection Results					· .
An examination of your premises, records and operations has disclosed the following violations which have been explanation of your premises, records and operations has disclosed the following violations which have been explanation of your premises, records and operations has disclosed the following violations which have been explanation of your premises, records and operations has disclosed the following violations which have been explanation.					
Number USC or CFR Citation Nature of Violation		e Action to be Take rrected immediately		Corrections to be Made corrected immediately	
1 27 CFR 478. 124 (c) (1) - FAILURE TO OBTAIN A PROPER	y In	THE FUT	rne	NA	· .
COMPLETED ATT FORM 4473 SECTION A PRIOR TO	THE L.	CENSEE	15		·.
MAKING AN OVER - THE - COUNTER TRANSFER OF	TO DBT	om A F	PROPERLY	COMPLETER	)
A FIREARM TO A NON-LICENSEE, WHO IS A			,	on A Par	
RESIDENT OF THE STATE IN WHICH THE	TO TH	ETRAN	SFER OF	A	
LICENSEES PREMISES ARE LOCATED ( FORMS					_
(b) (3) - Public Law 112-55 (125 Stat. 552)	, (b) (6)				
					٠.,
Have Received a Copy of This Report of Violations (Proprietor's signature and title)				Date 2-3-16	
Signature and Title of ATF Offic (b) (6)				Date 7/3/16	

\*U.S. GPO: 2005-310-397/92002

ATF Form 5030.5 Revised April 2005

				Instructio	ns					
Please write firm proprietor or a re	ly with a ball point pe sponsible representati	en when completing this i	form. ATF officers will be submitted w	ill prepare this form ith the completed in	in quadruplica spection repor	ate. The original	copy and the suspe Il detach one copy	nse copy (where from the comple	required) will be ed report for the	e given to the leir files.
Name of Proprie	tor ERPRISES, FIX	Street Address	City		St	tate	ZIP Code	County	Page 2	of
BEK F	ANN SHOP	3400 NORTH	4 19+6	WACO.		TX	76708	MCLERRY	4 6	Pages
License/Permit/I	Registry Number (if an	(עניי	Expiration Date	Date(s)	or Period of I					
5-74-	309-02-	60-30566	3/1/20	16 2	12/201	5 - 21	2/2016			
		·		Inspection Re	esults					
An examination	of your premises, reco	ords and operations has d	isclosed the following	violations which ha	ive been expla		. A stien to be Tele	Da	Competions	- I- Mode
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Fon,	n 4473 x	5 INDICATEL	BY THE I	4 EADINGS	ON THE	OBTAIN	AND/OR			
FOR	m AND TI	TE INSTRUCT	TONS ON OR	PERTAIN	ING TO	FURNISI	+ ALL.	INFORMA	770~	
17	(DIS) PUR FOR	ns)				REQUIR	es in E	ACH AT	F FORM	4473
						As In	DICATED !	By THE 1	HEADING	55 01
(b)	(3) - Pub	lic Law 11	2-55 (12	25 Stat. 5	552),	(b) (6)	THE F	orm An	D THE	-
						<u>.</u> 	NSTRUCT	rows on	OR PE	PTAINING
						7	0 /7.			
Have Received		t of Violations (Proprieto	or's signature and title	e)	······································				Date 2-3	3-16
Signature and Tit	le of ATF Officer	(b)(6)	Io	) <u>Z</u>					Date _/s	<u> </u>
*** COO. 2006 240	207/02002			. :					ATF For	n 5030.5

	Instructions				
Please write firmly with a ball point pen when completing this form. ATF officers will p proprietor or a responsible representative. The remaining copies will be submitted with					
Name of Proprietor  Com Entendars (Street Address)  City		State	ZIP Code	County	Page 3 of
BEK PANN SHOP 3400 NORTH 19th WA	400	TX	76708	MCLENNA	Pages
License/Permit/Registry Number (if any) Expiration Date	Date(s) or Period o			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5-74-309-02-66-30566 3/1/2016	2/2/20	15 - 2/2	12016		
	Inspection Results				
An examination of your premises, records and operations has disclosed the following vio	olations which have been exp				
Number USC or CFR Citation Nature of Violation	ı		ve Action to be Tall orrected immediate	the second second	Corrections to be Made t corrected immediately)
3 27 CFR 478.124(c)(4) - FAILURE TO	Connectly	INT	HE FUTU	RE	CORRECT
IDENTIFY THE FIREARM TO BE TRA			LICENSE	E DURI	No INSPECTION
BY LISTING THE MANUFACTURER, M		4 15 70	NOTATE	THE MI	ANVERGENER
NUMBER AND FOR CALIBER OR GA					
FIREARM ON THE ATT FORM 447					
				11 21 120	= FORM 447
(b) (3) - Public Law 112-55 (125 S	Stat. 552), (	b) (6)			
Have Received a Copy of This Report of Violations (Proprietor's signature and title)					Date 2-3-16
Fignature and Title of ATF Officer (b)(6)					Date 2/3/16
					ATF Form 5030.5

ATF Form 5030.5 Revised April 2005

Please write firmly with a ball point pen when completing		ructions s form in quadruplica	te. The original cop	y and the suspen	se copy (where reg	uired) will be given to the
Proprietor or a responsible representative. The remaining Name of Proprietor  Compact	City	Sta	ate ZI	P Code	County	Page 4 of
BEK PANN SHOP 3400 N	· · · · · · · · · · · · · · · · · · ·			76708	MCLENNA	V G Pages
License/Permit/Registry Number (if any)  5-74-309-02-6C-36		Date(s) or Period of In $2/2/2015$		2016		
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An examination of your premises, records and operations	has disclosed the following violations wi	hich have been explai				
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4 27 CFR 478.124(c) (s	)-FAILURE TO SI	on AND/OR	IN TH	FUTUR	· E	
DATE THE ATE FORM	4473 WHEN THE L	1censee	LICENSE	e Is T	o Corn	PECTED DURING
DOES NOT KNOW OR H	AVE REASONABLE CAL	USE 70	SHA	SIGN	AND	INSPECTION
BECIEVE THAT THE TA	PANSFEREE IS DISQU	IALLFIED	OR DAT	E THE	ATF FOR	n 4473
By LAN FROM RECE	IVING THE FIREAR	n (MIFF For	ng 614	ENTRA	NSFERRI	~6
				FIREA	rn 70 A	NON-CICENSE
(b) (3) - Public Law	112-55 (125 Sta	at. 552),	(b) (6)			
				3		
L. Have Received a Copy of This Report of Violations (Pr						Date 2-3-16
Signature and Title of ATF Officer (b)(6)	FOI					Date 2/3/16

Please w	rite firmly with a ball point pe	en when completing this for	n ATE officers will nre	Instructions	inlicate. The origin	nal conv and the ener	pense copy (where	aguired) will b	a given to the
proprieto	or or a responsible representat	ive. The remaining copies w	ill be submitted with the	e completed inspection	report. Supervisors	will detach one cop	y from the complet	ed report for the	eir files.
Name of	Proprietor ENTERPRISES, INC	Street Address	City		State	ZIP Code	County	Page 5	of
i	K PAWN SHOP		19th WAC	0	72	76708	MCLENNA	6	Pages
License	Permit/Registry Number (if ai	ny) E	xpiration Date	Date(s) or Period	of Inspection				
5-	74-309-02-	6C-30566	3/1/2016	2/2/2	015 - 2/	2/2016			
				Inspection Results					
An exam	ination of your premises, reco	ords and operations has discl	osed the following viola	tions which have been					
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	DISPOSITION (	ATT FORM 3	310. 4) WHE	ENEVER TH	e REPOR	TOF ME	ILTIPCE S.	4665	
·	LICENSFE SE	LLS OR OTHE	ruise Dispo	SES OF TIL	10 ATF	Form 3	310.4.0	VHEN	
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	OF PISTULS AND			,					
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(k	o) (3) - Public l	Law 112-55 (	125 Stat. 5	52), (b) (6)					
		PISTULE	TOTAL						
I Have R	eceived a Copy of This Repor	t of Violations (Proprietor's	signature and title)					Date 2-3-	-16
Signature	and Title of ATF Officer	(b)(6)	- ZOI	-				Date 2/3	116
TIS GPO	2005-310-397/92002			***************************************				ATF Form	5030.5

Di	the hell		ATE CO		ructions	771	1.0		77 - 711-7	
			nis form. ATF officers opies will be submitted							
Name of Proprietor	SI SI	reet Address	City			State	ZIP Code	County	Page 6	of
BEK PA	IN SHOP	3400 NOR	774 1946 Expiration Date	MACO		7×	76708	MCLENNA	N 6	Pages
License/Permit/Regist	ry Number (if any)		Expiration Date	. [	Date(s) or Period of	fInspection				4 1 3 T
5-74-3	09-02-	66-305	66 3/1/2	2016	2/2/20	15 - 2/2	/2016			
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I Have Received a Co	py of This Report	of Violations (Propi	ietor's signature and	tiile)					Date 7 3	-16
Signature and Title of		(b)(6)		JOI.					Date 2/3	/16.
*U.S. GPO: 2005-310-397/920	02								ATF Form	5030.5

COPY 2 - INSPACOJUST REPORTS CONSIDERATION



### U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives 8610 Broadway, Ste. 410 San Antonio, TX 78217

March 28, 2016

www.atf.gov



#### WARNING LETTER

### CERTIFIED MAIL- RETURN RECEIPT REQUESTED

CJM Enterprises, Inc. d.b.a. B&K Pawn Shop Attention: Mr. Scott J. McCommas

P.O. Box 1542

Killeen, Texas 76540

RE: 5-74-302-02-6C-30566

Dear Mr. McCommas:

During a recent inspection at your firearms business covering the period February 2, 2015, to February 2, 2016, you were cited for violations of Title 27, Code of Federal Regulations, Part 478. A copy of the Report of Violations, ATF F 5030.5, issued at the time of the inspection is enclosed.

All violations were fully explained to you or your designated responsible person by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Industry Operations Investigator(s). You or your responsible person indicated that you understood the requirements of the firearms laws and regulations and that corrective actions would be taken to eliminate future violations.

The records you are required to maintain and the business operations you conduct are important to law enforcement in our continuing efforts to reduce violent crime and protect the public. It is essential that you comply with all Federal laws and regulations that govern your firearms business. This is critical to carrying out our mission to protect the public and to ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area. We look forward to continuing to work with you in that regard.

You are reminded that retention of your Federal firearms license is conditioned upon your compliance with Federal laws and regulations. Any future violations, either repeat or otherwise, could be viewed as willful and may result in the revocation of your license. Please ensure that future compliance is achieved.

CJM Enterprises, Inc. d.b.a. B&K Pawn Shop

Attention: Mr. Scott J. McCommas

RE: 5-74-302-02-6C-30566

Should you have any questions regarding this matter, please contact Industry Operations Investigator (b)(6) at (b)(6)



#### Enclosure

cc: Federal Firearms Licensing Center San Antonio II Field Office Houston FD DEPARTMENT OF JUSTICE

BUREAU OF ALCOHOL, TOBACCO, FIREARMS
8610 Brockway, State 410
5an Antonio, Texas 78217

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

CERTIFIED WAIL



7013 1710 0002 3065 0983

DES POS, LIS OFFICIAL MAIL
PERALTY FOR PRIVATE USE \$300

PITNEY BOWES

02 1P \$ 006.735

0001126447 MAR 28 2016
MAILED FROM ZIP CODE 78217

CJM Enterprises, Inc. Attn: Mr. Scott McCommas P.O. Box 1542 Killeen, TX 76540

E 1363.3

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Signature  X			
Attach this card to the back of the malipiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery			
1. Article Addressed to:  CJM Enterprises, Inc.  B&K Pawn Shop  Attn: Mr. Scott McCommas  P.O. Box 1542	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No			
Killeen, TX 76540	3. Service Type    □ Registered □ Insured Mail □ Collect on Delivery			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number	4. Hestricted Delivery? (Extra Fee)			