

APPLICATION FOR ORIGINAL LICENSE



Alabama Consumer Credit Act "Mini-Code"
State Banking Department
P. O. Box 4600
Montgomery, Alabama 36103-4600
www.banking.alabama.gov

For Department Use Only	
Lic #: _____	ID#: _____
Only 2052: _____	Also 374: _____
Lic \$: _____	Inv \$: _____
Issue Date: _____	

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the consumer lending business pursuant to Ala. Code 5-19-1 et seq.

Business Name: _____

D/B/A (if different): _____

Applicant is a(n):

<input type="checkbox"/> Alabama Business Corporation	<input type="checkbox"/> Alabama Limited Liability Company	
<input type="checkbox"/> Alabama Limited Liability Partnership	<input type="checkbox"/> Alabama Limited Partnership	
<input type="checkbox"/> Foreign Business Corporation	<input type="checkbox"/> Foreign Limited Liability Company	
<input type="checkbox"/> Foreign Limited Liability Partnership	<input type="checkbox"/> Foreign Limited Partnership	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non-Profit

PHYSICAL LOCATION: Street: _____
County: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: _____ Title: _____ Phone: _____
Address -- Street/PO Box: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

COMPLETE THE FOLLOWING FOR EACH OWNER, MEMBER, OFFICER AND DIRECTOR AS APPLICABLE:

Name: _____ Title: _____ Ownership %: _____
Residence Address: _____
Business Address: _____

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Residence Address: _____
Business Address: _____

(Continue on attachment if necessary)

Has the Applicant or any of its owners, members, directors, officers or any beneficial owner been convicted of a felony or any crime involving breach of trust, fraud or dishonesty? Yes: No:

If yes, please explain:

Has the Applicant or any of its owners, members, directors or officers had a loan license denied, revoked or suspended by any government agency? Yes: No:

If yes, please explain and list which state(s)?

Has the Applicant or any of its owners, members, directors or officers had any court findings of fraud against them?

If yes, please explain:

Yes: No:

Does the Applicant operate other locations in Alabama or any other state?

Yes: No:

If yes, complete the following:

<u>Name of State</u>	<u>Trade Name</u>	<u>Date Originally Licensed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on attachment if necessary)

Who should we contact regarding licensing?

Name:	_____	Title:	_____
Address:	_____	State:	_____ Zip: _____
City:	_____	Fax #:	_____
Phone #:	_____		
Email address:	_____		

Who should we contact regarding examinations?

Name:	_____	Title:	_____
Address:	_____	State:	_____ Zip: _____
City:	_____	Fax #:	_____
Phone #:	_____		
Email address:	_____		

Who should we contact regarding complaints?

Name:	_____	Title:	_____
Address:	_____	State:	_____ Zip: _____
City:	_____	Fax #:	_____
Phone #:	_____		
Email address:	_____		

Who should we contact regarding annual reports?

Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Email address: _____

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION OR YOUR APPLICATION WILL BE RETURNED:

- ATTACHMENT 1. A summary of the education and experience of each owner, member, director and officer.
- ATTACHMENT 2. A certified copy of the Applicant's Articles of Incorporation and By-Laws, partnership agreement, or Articles of Organization. If Applicant is an out-of-state company, also attach a Certificate of Authority issued by the Alabama Secretary of State.
- ATTACHMENT 3. Applicant's most recent Financial Statement showing at least \$25,000 in assets available for the business, prepared in accordance with standard accounting practices under the supervision of a CPA.
- ATTACHMENT 4. Three letters of recommendation on each owner, member, director and officer from business people who have personal knowledge of the Applicant's business experience.
- ATTACHMENT 5. A true copy of the Applicant's TILA disclosure.
- ATTACHMENT 6. A properly executed Department of Public Safety "Release Form."
- ATTACHMENT 7. A properly executed State Banking Department "Credit Report Release Form."
- ATTACHMENT 8. A certified check for \$100 for the investigation fee and a separate certified check for \$500 for the annual license fee, made payable to the STATE BANKING DEPARTMENT.
- ATTACHMENT 9. A statement of other business, if any, which Applicant proposes to conduct from the same location.

AFFIDAVIT

I, _____, the undersigned, being the _____
 [Officer (Title), Partner or Owner]
 of _____

swear (or affirm) to the best of my knowledge and belief that the statements contained in this application are true and complete.
 I understand that inaccurate responses may be grounds for denial or revocation of this license.

This _____ day of _____, 20____.

 Signature

Sworn and subscribed to before me this
 _____ day of _____, A. D. 20_____.

 Notary Public