



NC Office of the Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603

Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309

Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

Application for Consumer Finance License

GENERAL INFORMATION AND INSTRUCTIONS

The attached application, which includes Schedules A, B, and C, is provided to apply for a license under the North Carolina Consumer Finance Act. Please review the application carefully and give full and complete responses to each question. If a particular item does not apply, enter "None" or "NA". Incomplete responses or applications submitted without the required fee, schedules or supporting documents will be returned to the applicant. All information must be typed or printed legibly in ink.

This form is not intended to limit the presentation of the proposal, and the applicant may submit any additional information it considers pertinent. When space allowed is insufficient, a separate page should be used. Additional information and documents must be filed on **8½" x 11"** paper.

The applicant must submit the following:

- A completed Application for Consumer Finance License, including Schedules A through C.
- **\$250.00** check for application investigation **fee payable to: Department of Commerce / Banking Commission** (fee is non-refundable).
- Copy of Articles of Incorporation or partnership and agreement amendments, if applicable.
- Certificate of Existence (Good Standing), not more than 90 days old, from the state of incorporation/organization.
- Certificate of Authorization to do business in North Carolina (foreign corporations only).
- Copy of Certificate of Assumed Name, if applicable. **Note:** A person, partnership, or corporation doing business under a name other than its real name must file a Certificate of Assumed Name with the Register of Deeds in the county in which the business is located. See N.C. Gen. Stat. §66-68.
- Evidence that the applicant has available for the operation of the business at the specified location loanable assets (cash, bank deposits, installment loans made as a licensee under Chapter 53, Article 15) of at least **\$50,000**.

Incorporation information and certificates of authorization or existence may be obtained by calling the Office of the Secretary of State, telephone: (919)733-4201.

(instructions continued on next page)

Schedule A

A current statement of financial condition (not older than three months) is required. A financial statement on each principal may be filed if the applicant has not yet engaged in any business. Financial information submitted on Schedule A is considered confidential.

Schedules B and C

The "Personal Statement of Official or Director" is considered confidential. An "Authorization to Release Information", Schedule C, must be completed by all persons filing Schedule B.

Please mail the completed application and required fee to the address below:

**NC Office of the Commissioner of Banks
4309 Mail Service Center
Raleigh, NC 27699-4309**

*Please ensure check is made payable to **Department of Commerce / Banking Commission**.

If you have questions about the application, call (919) 733-3016.



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APPLICATION FOR CONSUMER FINANCE LICENSE

Application is hereby made for a license under the provisions of Article 15, Chapter 53, of the North Carolina General Statutes as indicated.

1. Name of Applicant: _____
(full legal name)

2. If operating under an assumed name, list name here and attach a copy of the recorded Certificate of Assumed Name: _____

3. Organization type:
 Individual Partnership Corporation Limited Liability Company

4. State of incorporation/organization: _____ Date: _____

Date qualified in North Carolina, if foreign corporation: _____

5. North Carolina registered agent for service of process (corporation only):

Name: _____

Business address: _____

City: _____ State: _____ Zip Code: _____

6. Address where the proposed business is to operate:

(Give street address and building name, if any, including room number)

City: _____ State: _____ County: _____ Zip Code: _____

- * If corporate office/main office is not located in North Carolina, please submit a copy of the company's promissory note and any disclosures that will be given to the borrowers.**

7. Approximate date applicant proposes to begin business: _____

8. Is applicant prepared to make a direct NC Consumer Finance Act loan within 90 days of license approval as required by N.C.G.S. § 53-171? Yes No

9. Applicant's headquarters address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different from above:

Business telephone number: _____ Fax number: _____

Name of management company responsible for supervision of the applicant, if different from applicant name: _____

10. Official responding to questions about this application: _____

Title: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business telephone number: _____ Fax number: _____

Email (required): _____

11. State fully the kind of business to be conducted by the applicant.

12. Provide a brief description of the applicant's experience in the loan business.

13. Other Business:

- a. If you need approval for any additional Other Business, please fill out the **Application to conduct the business of making loans under the North Carolina Consumer Finance Act in the same location as other business**, and include additional fee of **\$25.00**. Application can be found at <https://www.nccob.org/Public/financialinstitutions/cf/cfforms.aspx>.

14. Is the applicant and/or any of its affiliates presently licensed under the North Carolina Consumer Finance Act at other locations? Yes No

List name(s) of the affiliate(s) presently licensed.

15. Is the applicant and/or any of its affiliates licensed to make small loans in any other state? Yes No

If yes, list name(s) of the licensee(s) and the name and address of the regulatory agency in each state where licensed.

16. Has a license to make small loans in any other state been revoked? Yes No

If yes, please explain the circumstances resulting in revocation.

17. List the name, title, business and residential address of all directors, officers, partners and, also, each owner of five (5) percent or more of the applicant's stock:

Name and Title	Business Address	Residential Address	Percentage Ownership

18. The name and address of the proposed office manager is:

Name: _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Email: (required) _____

19. **Attach a resume of the proposed office manager.** Provide details regarding the proposed manager's knowledge of the North Carolina Consumer Finance Act, related business experience, and other qualifications for conducting a loan business.

20. Please read the following questions carefully. Details to affirmative responses must be reported on a separate page. Please list date(s), court name, case number and judgment amount for each action taken. For reporting purposes, "applicant" also refers to each director, officer, and owner of five (5) percent or more of the stock of the applicant corporation, individual owner, partner, manager or agent of the applicant.

(a) Have any civil judgments been entered against the applicant within the last ten years? Yes No

(b) Has the applicant been convicted of any felony? Yes No

(c) Has the applicant been convicted of a misdemeanor involving theft, embezzlement, forgery, obtaining money under false pretenses, conspiracy to defraud, or like offense? Yes No

(d) Has the applicant filed any petition of bankruptcy, either voluntary or involuntary, within the preceding seven years? Yes No

(e) Has the applicant ever been associated in any capacity with a money lending organization whose application for a license was rejected or whose license was suspended, canceled, or revoked in North Carolina or any other state? Yes No

21. Provide any other information pertinent to your application.



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SCHEDULE A STATEMENT OF FINANCIAL CONDITION

1. The following is a true and correct statement of the financial condition of _____
 _____ as of _____.

ASSETS

Cash on Hand and in Bank (List Name and Address of Depository)*	\$ _____
Installment Notes Receivable	_____
Stocks, Bonds and Other Investments*	_____
Furniture, Fixtures and Equipment	_____
Real Estate	_____
Other Assets*	_____
Total Assets	\$ _____

LIABILITIES AND NET WORTH

Notes Payable to Bank*	\$ _____
Notes Payable to Parent Company or Affiliate	_____
Accounts Payable	_____
Other Liabilities*	_____
Total Liabilities	\$ _____
Capital Stock	\$ _____
Capital Surplus	_____
Retained Earnings	_____
Total Net Worth	\$ _____
Total Liabilities and Net Worth	\$ _____

*Detail these items on a separate page.

2. State the kind and total of the assets listed on the foregoing financial statement which are pledged to secure payment of liabilities. State the amount of indebtedness so secured and the name and address of each creditor.

3. How is your company being financed?

4. If the applicant is being financed through a parent company, give the name and address of the parent company and attach its latest statement of financial condition.

5. Applicant's federal tax identification number (EIN) or, if an individual, last 4 digits of social security number: _____.



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SCHEDULE B PERSONAL STATEMENT OF OFFICIAL OR DIRECTOR

This information must be filed by every principal officer and director of a corporate applicant, by every partner of a partnership applicant, by every manager of a limited liability company applicant, and by the individual applicant. A separate form is to be filed by each person. The information indicated must be furnished fully and in detail. Separate exhibits should be attached when space provided is not sufficient to set forth the information completely. All such exhibits must be signed and dated.

Omissions will be considered as intentional failure to disclose a material fact and will be sufficient grounds for rejection.

The following information is furnished by the undersigned to the North Carolina Office of the Commissioner of Banks for its confidential use in conjunction with and is made a part of the application for consumer finance license of the:

(insert full legal name of applicant)

- 1. Full Name: _____ Title: _____
- 2. Date of Birth: _____ Place of Birth: _____
- 3. Citizenship: _____
- 4. Residential Address: _____
- 5. Length of Residence in Community: _____
- 6. Social Security Number (last 4 digits): _____
- 7. Trade names and/or other names used in place of given name: _____

8. Resume of Education:

9. Residential address during last ten (10) years. Give month and year.

From	To	Street	City	State

10. Employment History:

Give a complete record of employment or business association for the last ten (10) years. Give month and year of employment. All periods of time must be accounted for. Periods of unemployment should be indicated and dates given.

From	To	Full Name & Address of Employer	Position	Nature of Duties

11. Have you ever been discharged for cause or have you ever been requested to resign from any position? Yes No

If yes, furnish details.

12. Have you invested or do you expect to invest, if this application is approved, any capital in the business of the applicant, licensee or affiliate? Yes No

If yes, furnish amount and nature of investment.

13. Have you ever been affiliated with any loan, discount or finance business, either licensed or unlicensed, in North Carolina or elsewhere in the capacity of individual owner, partner, member, officer, director or employee, exclusive of employment history recorded under question 10? Yes No

If yes, furnish dates, names of organizations, addresses, types of business and nature of your connection.

14. Have you ever been affiliated with any organization, in North Carolina or elsewhere, which has had its application for any license refused by any federal, state or municipal authority, or which withdrew such application to avoid a refusal, or which had its license or registration suspended, canceled, or revoked by such authority? Yes No

If yes, furnish details.

15. Have you ever been, or has any organization with which you were associated as an officer, director, partner, member, owner, employee or otherwise ever been involved in any voluntary or involuntary bankruptcy, receivership or insolvency proceeding? Yes No

If yes, furnish details.

16. Have you ever, or has any organization with which you were associated as an officer, director, partner, member, owner, employee or otherwise, ever pleaded guilty, pleaded no contest or been found guilty by a judge or a jury for violation of any law of North Carolina or elsewhere (excluding motor vehicle traffic laws)? Yes No

If yes, furnish dates, nature of offense, location of court, disposition of proceedings and other pertinent data.

I certify that the foregoing information is true and correct to the best of my knowledge and belief and that said information is submitted voluntarily to the North Carolina Office of the Commissioner of Banks for the Commissioner's confidential use. I hereby authorize the North Carolina Office of the Commissioner of Banks to conduct a business and financial responsibility background check, including but not limited to, the obtaining of credit reports, and records and/or reports from any law enforcement or government agency as may be required to determine my financial responsibility, experience, character and general fitness to engage in business as a consumer finance licensee.

Date Signed

Signature in full



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AUTHORIZATION TO RELEASE INFORMATION

The following information is furnished by the undersigned to the North Carolina Office of the Commissioner of Banks (NCCOB) in conjunction with and is made a part of the application of

_____ (print or type the full legal name of the applicant)

for registration as a consumer finance lender, pursuant to Article 15 of Chapter 53 of the General Statutes of North Carolina. By my signature, I give my consent to the NCCOB to conduct a financial and business responsibility background check, including but not limited to, the obtaining of credit bureau reports, criminal records, and other information as deemed necessary by the NCCOB. It is further understood and affirmed that any response to an inquiry made by the NCCOB with respect to me is provided solely as a matter of courtesy and that any person, organization or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or willful negligence.

YOU MUST SIGN AND DATE THIS FORM. This form will be returned if it is not signed and dated. Please duplicate this form as needed.

1. Full Name: _____
(first) (middle) (last)

2. Title: _____

3. Social Security Number (last 4 digits): _____

4. Date of Birth: _____

5. Current Residential Address (number and street): _____

City: _____ State: _____ Zip: _____ County: _____

Year: _____ \ _____
from to

6. Business Phone: _____

7. E-Mail Address: _____

SIGNATURE: _____ **DATE:** _____

CERTIFICATION

The undersigned certifies that the information contained in this application, including any accompanying schedules and statements, is true to the best of his/her knowledge, and that he/she is duly authorized to execute the foregoing authorization and this application on behalf of the firm.

(Corporate Applicant)	
Date: _____	Signature: _____
ATTEST: _____	Name (type or print): _____
Title: _____	Title: _____
(Corporate Seal)	
STATE OF _____ COUNTY	
The undersigned notary for the said county and state certify that _____ (name of officer) personally came before me this day and acknowledged that he/she is _____ (title) of _____, a corporation, and that by authority duly given and that as the act of the corporation the foregoing Application and Certification were signed in its name by its _____ (title), sealed with its corporate seal, and attested by its _____ (title).	
Witness my hand and official seal this _____ day of _____, 20____.	
(Seal)	_____ Notary Public
My Commission expires _____	

(Sole Proprietorship, Partnership or Limited Liability Company Applicant)	
Date: _____	Signature: _____
	Name (type or print): _____
	Title: _____
STATE OF _____ COUNTY	
Sworn to and subscribed before me this _____ day of _____, 20____.	
(Seal)	_____ Notary Public
My Commission expires _____	