



NC 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: 919/733-2978 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.
- A scaled map of the proposed service area showing the applicant's proposed location and the locations of all other Consumer Finance Licensee offices.
- 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

Applicants who are currently licensed under the North Carolina Consumer Finance Act must file Schedule B only as to partners, officers and directors elected or appointed since the date of last making application for a Consumer Finance License. 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 payable to: Department of Commerce / Banking Commission.**

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

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: (check one)

\$3,000 Lender (G.S. 53-173)

Optional Rate Lender (G.S. 53-176)

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. Exact address where the proposed business is to operate:

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

City:

County:

Zip Code:

7. Approximate date applicant proposes to begin business:

8. 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:

9. Official responding to questions about this application:

Title: Mailing Address:

City: State: Zip Code:

Business telephone number: Fax number:

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

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

12. Will any type of business other than that of making loans subject to the Consumer Finance Act be operated from the proposed location? Yes No

If yes, please explain.

13. 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.

14. 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.

15. List three or more references (including at least one bank reference) not related to or connected with the applicant, whom we are authorized to question concerning the business reputation, financial responsibility, experience, character and general fitness of the applicant, its members, directors, officers, partners and/or controlling persons. If a company name is used as a reference, also include the name of a contact person within the company.

Name	Company	Mailing Address	Tel. No.
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16. List the name, title, business and residence address of all directors, officers, partners and, also, each owner of five (5) percent or more of the applicant.

Name and Title	Business Address	Residence Address	Percentage Ownership
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17. The name and address of the proposed office manager is:

Name:

Residence Address:

City:

State:

Zip Code:

18. **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.

19. 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

CONVENIENCE AND ADVANTAGE OF THE COMMUNITY

20. Describe the demographic, economic and financial characteristics of the community the applicant proposes to serve. Include the geographic boundaries within which all or most of the potential customers reside.

21. List all other Consumer Finance Act licensees presently operating in the proposed community. Designate the location of your proposed office and the location of each other licensee on a scaled map of the immediate service area.

22. Is the proposed location to be licensed zoned for this type of business?

Yes No If no, please explain.

23. List names of all other credit facilities in the community (banks, savings and loans, credit unions, sales finance companies, other).

24. List principal industries of the community, indicating any new industry during the last several years.

Name of Company	Type of Business	Number Employees
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25. List the following data for the past five years:

	19	19	20	20	20
Population (county)					
Population (city)					
No. of housing starts					
Retail Sales					
Per capita income					
Unemployment rate					
Other (list)					

Indicate your sources of information

26. State why you believe the convenience and advantage of the community in which you propose to do business as a licensee will be promoted if the license is granted.

27. Indicate the source of customers and projected loan growth for the next three years. State the number and dollar amount of loans the applicant already has in the community, if any.

28. 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.



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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 construed 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 Commissioner of Banks, State of North Carolina, 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. Residence Address: _____
- 5. Length of Residence in Community: _____
- 6. Social Security Number: _____
- 7. Trade names and/or other names used in place of given name: _____
- 8. Resume of Education: _____

(Schedule B continued)

Name from page one:

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

From	To	Street	City	State
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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 and Complete Address of Employer	Position(s) Held and Nature of Duties
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Name from page one:

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.

Name from page one:

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 Commissioner of Banks for the Commissioner's confidential use. I hereby authorize the North Carolina 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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SCHEDULE C AUTHORIZATION TO RELEASE INFORMATION

I, _____, whose residence address is _____
(print or type full name) _____ am making

application to the North Carolina Commissioner of Banks for a Consumer Finance License to be located at _____

I hereby give any law enforcement agency deemed necessary, my consent and permission to release any record and/or report I may have to the State of North Carolina, Commissioner of Banks.

This date, _____

Signed _____

Date of Birth _____

Social Security Number _____

AUTHORIZATION BY APPLICANT

The applicant,

(type or print name)

authorizes the North Carolina Commissioner of Banks to conduct a financial and business responsibility background check, including but not limited to, obtaining credit reports, and records and/or reports from any law enforcement of government agency as may be required to determine the financial responsibility, experience, character and general fitness of the applicant, or any of its members, directors, principal officers, partners and/or controlling persons to engage in business as a consumer finance licensee. Applicant understands and hereby affirms that any response to an inquiry made by the Commissioner of Banks with respect to the applicant, its members, directors, principal officers, partners and/or controlling persons is provided solely as a matter of courtesy and that any person, organization or government entity providing such response shall not be liable for the content or use of such information except in the event of gross or wilful negligence.

The undersigned represents that he/she is empowered to make and sign this authorization on behalf of the firm.

Date:

Signature: _____

Name (type or print):

Title:

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 _____	