



## 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](http://www.nccob.org)

## Application for Consumer Finance Branch License

### GENERAL INFORMATION AND INSTRUCTIONS

The attached application is provided to apply for a branch 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 Branch License.
- **\$250.00** check for application investigation **fee payable to: Department of Commerce / Banking Commission** (fee is non-refundable).
- 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**.
- Copy of the certificate of existence showing active and current registration with the NC Secretary of State. This information may be obtained by calling the Office of the Secretary of State, telephone: (919)733-4201.
- Copy of Certificate of Assumed Name registration in the county where the proposed branch office will operate. This information may be obtained by calling the Office of the Secretary of State, telephone: (919)733-4201.

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.



**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 BRANCH LICENSE**

---

Application is hereby made for a branch 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. Address where the proposed branch is to operate:  
\_\_\_\_\_  
(Give street address and building name, if any, including room number)

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Approximate date branch proposes to begin business: \_\_\_\_\_

5. 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: \_\_\_\_\_

6. Official responding to questions about this application: \_\_\_\_\_  
Title: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email (required): \_\_\_\_\_

7. Provide information for any change in management.  
Name: \_\_\_\_\_  
Business telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email (required): \_\_\_\_\_

8. The name and address of the proposed office manager is:  
Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email (required): \_\_\_\_\_

9. **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.

10. Provide 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**. You may attach one of the following:  
a. Schedule A – a copy is provided for your use.  
b. Balance Sheet  
c. Bank Statement

# Application for Consumer Finance Branch License

## 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*	_____
<b>Total Assets</b>	<b>\$ _____</b>

### LIABILITIES AND NET WORTH

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

\*Detail these items on a separate page.



**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: 919/733-6918 Internet: www.nccob.org**

**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
2. Business Phone: \_\_\_\_\_
3. 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.

<b>(Corporate Applicant)</b>	
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 _____	

<b>(Sole Proprietorship, Partnership or Limited Liability Company Applicant)</b>	
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 _____	