

Delayed Deposit Services Business License Application

Nebraska Department of Banking and Finance

<http://www.ndbf.org/>

Commerce Court
1230 "O" Street, Suite 400
PO Box 95006
Lincoln, NE 68509-5006
402-471-2171

Application is hereby made for a license under the Delayed Deposit Services Licensing Act to transact business as a Delayed Deposit Services Business as defined by Neb. Rev. Stat. §§ 45-901 to 45-929 (Reissue 2004; Cum. Supp. 2006).

If Additional Space is Needed on Any Questions, Please Attach Extra Pages With Reference Numbers.

Department Use Only:

Department of Banking and Finance, Lincoln, Nebraska
Accepted for Filing

Date: _____

By: _____

1. Please complete the following questions:

Name of Applicant: (Name under which business will be conducted)	Legal Name of Applicant if Different Than Name at Left:
Main Office Address: (City, State, Zip)	
Leased or Owned:	If Leased, Duration of Lease:
Name, Full Address and Phone Number of Landlord or Agent:	
Main Office Telephone Number & Fax Number:	Form of Organization: (Sole Proprietorship, LLC, Partnership, Corporation)
State and Date of Legal Formation	Parent Company, If Applicable:

2. Names of Shareholders. Include all individuals, proprietorships, associations, joint ventures, joint stock companies, partnerships, limited partnerships, limited liability companies, business corporations, nonprofit corporations, or any group of individuals, however organized.

(a) Name and Title:	(b) Name and Title	(c) Name and Title:
Address:	Address:	Address:
Shares Owned:	Shares Owned:	Shares Owned:
(d) Name and Title:	(e) Name and Title:	(f) Name and Title:
Address:	Address:	Address:
Shares Owned:	Shares Owned:	Shares Owned:

3. List all proposed **county branch** locations, if applicable:

(a) Business Address:	(b) Business Address:	(c) Business Address:	(d) Business Address:
Contact Person:	Contact Person:	Contact Person:	Contact Person:
Telephone: (Area code + number)			

4. Contact person, office address, and telephone number of all other offices at which Delayed Deposit Services Business is, or will be, transacted in Nebraska which are related to any person making this application.

(a) Business Address:	(b) Business Address:	(c) Business Address:	(d) Business Address:
Contact Person:	Contact Person:	Contact Person:	Contact Person:
Telephone: (Area code + number)			

5. Identify **all** individuals who will be officers, directors, or employees of the Delayed Deposit Services Business.

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6. Name and address of depository financial institutions.

(a) Name & Complete Address of Institution:	(b) Name & Complete Address of Institution:	(c) Name & Complete Address of Institution:
Account Type & Number:	Account Type & Number:	Account Type & Number:

7. Has the applicant ever conducted a Delayed Deposit Services Business under any name(s) other than the name(s) given in response to Questions #1 and #2 on this application? Yes No

If "yes", list all other name(s) and principal addresses that have been used and the dates the name(s) were used.

8. Describe the proposed activities of the applicant:

9. Describe the security plan that has been developed by the applicant to ensure the security and confidentiality of customer records and information. The description of the security plan should: provide the name of one or more employees that will coordinate the safeguards; identify and assess the risks to customer information in each relevant area of the company's operation; describe how the safeguards program will be implemented, including how often it will be monitored and tested; supply the names of the appropriate service providers that will implement safeguards, if appropriate; describe what criteria the applicant will use to evaluate and adjust the program in light of relevant circumstances, including changes in the company's business arrangements or operations, or the results of testing and monitoring of safeguards. A copy of the plan should be attached to the application.

10. Is the applicant currently, or has the applicant ever been licensed, or conducted business as a Delayed Deposit Services Business or other related business in any other state(s)? Yes No

If "yes", list the state(s) and indicate whether currently licensed or conducting business in that state, or the time periods in which business was licensed or conducted.

11. Has applicant's authority to operate as a Delayed Deposit Services Business or related business in any state(s) listed in Question #9 ever been revoked or suspended by a state or federal regulatory law enforcement? Yes No

If "yes", give full details.

12. Has applicant ever been subject to a federal or state administrative investigation or order? Yes No

If "yes", give full details.

13. Does applicant have any administrative investigations or orders pending in any jurisdiction? Yes No

If "yes", give full details.

14. Has applicant ever been associated with a business whose authority to operate as a Delayed Deposit Services Business or related business, was denied, revoked, or suspended by a state or federal regulatory or law enforcement entity? Yes No

If "yes", give full details.

15. Has any person associated with the applicant ever been associated with a business whose authority to operate a Delayed Deposit Services Business or related business was denied, revoked, or suspended by a state or federal regulatory or law enforcement agency? Yes No

If "yes", give full details.

16. Has any person associated with the applicant ever been convicted of a misdemeanor involving any aspect of a Delayed Deposit Services Business or any business of a similar nature? Yes No

If "yes", give full details.

17. Has any person associated with the applicant been convicted of a felony? Yes No

If "yes", give full details.

18. Attach a Surety Bond, in the amount of fifty thousand dollars (\$50,000), furnished by a surety company authorized to do business in Nebraska. The bond shall be for the use of the State of Nebraska and any Nebraska resident who may have a claim or cause of action against the applicant. **Use of the *Delayed Deposit Services Business Bond Form* is mandatory.**
19. Attach a **completed and signed** *Request for Criminal History and Delayed Deposit Services Business License Biographical Questionnaire* form for **each** officer, director, shareholder, partner or member who are a part of the application.
20. Attach one check made payable to the “Nebraska State Patrol” totaling fifteen dollars (\$15) for each *Request for Criminal History* form submitted in response to item #19 above.
21. Attach one check in the amount of five hundred dollars (\$500) made payable to the “Nebraska Department of Banking and Finance” in payment of the application fee.
22. Attach one check made payable to the “Nebraska Department of Banking and Finance” totaling one hundred and fifty dollars (\$150) per county branch location indicated in Question #3 of this application.

Contact information for questions concerning the preparation of this application:

Name: _____
Title: _____
Address: _____
Zip: _____
Telephone: _____
Email: _____
Company Website Address: _____

I REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ *Date*

_____ *Signature*

_____ *Typed Name and Title*

_____ *Business Name*

ACKNOWLEDGMENT

State of: _____

County of: _____

On this _____ day of _____, 20 _____, personally appeared before me _____
_____ whose identity is personally known to me, or proved to me on the basis
of satisfactory evidence, and acknowledged that he or she signed the foregoing document on behalf of said business.

(seal)

_____ *Notary Public*