

Delayed Deposit Services Business License Renewal Application

Nebraska Department of Banking and Finance

<http://www.ndbf.ne.gov>

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

This form and all accompanying forms must be completed and returned to the Department of Banking and Finance, **Postmarked NO LATER than April 23, 2012**. All answers should be typewritten or legibly printed in ink. All questions must be answered. If additional 2 space is needed on any question(s), please attach extra sheets and reference them accordingly.

1. Please complete the following:

Legal Name of Applicant:	
Name under which business is conducted (ie: d/b/a or trade name) if Different Than Above:	
Corporate Office Address: (City, State, Zip)	
Corporate Office Telephone Number & Fax Number:	Company Website Address:
Contact Person for questions regarding application (include name, title, address and telephone (if different than above) and email address):	Contact Person for consumer complaints (include name, title, address and telephone (if different than above) and email address):

2. a) Identify **all** officers, directors, shareholders, partners or members who are new to the Delayed Deposit Services Business since the original application or the last renewal, whichever is most recent. 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 (use an additional sheet if necessary).

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

- b) If the persons in (a) replaced someone, please give full details.
- c) Attach a **completed and signed** Request for Criminal History Check for **each** officer, director, shareholder, partner, or member who is **new to that position since the original application or last renewal application (whichever is most recent)**.
- d) Attach one check made payable to the “**Nebraska State Patrol**” totaling \$15 per individual form submitted in response to (c) above.
- e) Attach a **completed** DDS Business License Biographical Questionnaire for **each** officer, director, shareholder, partner, or member who is **new to that position since the original application or last renewal application (whichever is most recent)**.

		Attachments Required	Yes	No
3.	Has the licensee or any officer, director, shareholder, partner or member become involved, since May 1, 2011, with any other Delayed Deposit Services Business under any name(s) other than the name listed in the first box of this application?	If “yes,” list all other name(s) and principal address of the Delayed Deposit Services Business.		
4.	Is the licensee currently conducting, or contemplating conducting business as a Delayed Deposit Service Business, or related type business in any other state(s)?	If “yes,” list all other name(s) of the Delayed Deposit Services Business(es) and indicate state(s) where business is conducted.		
5.	Has licensee’s or any affiliate’s authority to transact business as a Delayed Deposit Services Business or related type business been revoked or suspended by any state or federal regulatory or law enforcement agency since May 1, 2011?	If “yes”, give full details and <u>ATTACH A COPY</u> of the document(s).		
6.	Has licensee or any affiliate been subject to any federal or state administrative investigation or order since May 1, 2011? Include order(s) and consent agreement(s) with any state, including Nebraska.	If “yes”, give full details and <u>ATTACH A COPY</u> of any related document(s).		
7.	Does the licensee or any affiliate have any administrative investigations or orders pending?	If “yes”, give full details.		
8.	Has licensee or any affiliate been fined by any state or federal regulatory agency since May 1, 2011? Include any fines by order(s) or consent agreement(s) with any state, including Nebraska.	If “yes”, give full details and <u>ATTACH A COPY</u> of any document(s) for states other than those entered into with the Department.		
9.	Has any person associated with the licensee been charged with, or convicted of, any misdemeanor involving any aspect of a Delayed Deposit Services Business, or any business of a similar nature since May 1, 2011?	If “yes”, give full details.		
10.	Has any person associated with the licensee been charged with, or convicted of, any felony since May 1, 2011?	If “yes”, give full details.		
11.	Has the licensee or any officer, director, employee, or shareholder declared bankruptcy or undergone a corporate reorganization since May 1, 2011?	If “yes”, give full details.		
12.	Has the licensee undergone a business reorganization since May 1, 2011?	If “yes”, give full details.		
13.	Is the licensee conducting any other business that may require registration with the Financial Crime Enforcement Center (FINCEN) as a Money Services Business?	If “yes,” provide type of business and date of last registration. DATE: _____		

14. List all main office and branch locations, as applicable. Include **ALL** Nebraska locations. Attach additional sheets if necessary:

	(a)	(b)	(c)
Main Office License #:			
Indicate whether Main or Branch location:			
County:			
Business Address: (include city and zip code)			
Telephone:			
Fax:			
Hours:			
Manager:			
Pre-Exam Contact Person (include address and telephone):			
Pre-Exam Email Address:			
Exam Delivery Contact (include address and telephone):			
Exam Delivery Email Address:			
Exam Billing Email Address:			
Person Responsible for Consent Agreement/Order Signature (include title):			
All Other Business currently conducted at this location (Please submit an Other Business Form for any activity not previously approved by the Department with your Renewal Application):			

15. Submit the licensee's most current **annual** financial statement, including a balance sheet and income and expense statement. **Use the standard form found on the Department website** and submit in EXCEL FORMAT to DOB.ConsumerFinance@nebraska.gov . Submit the accompanying affidavit in hard copy to the Department.
16. Attach one check for the amount of \$150 for each main office location, and \$100 for each branch location. The check should be made payable to the "Nebraska Department of Banking and Finance."
17. Return the application, attachments and renewal fee(s) to the Department of Banking and Finance, **postmarked NO LATER than April 23, 2012.**

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