

Installment Loan License Renewal Application

Department Use Only:

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

Date: _____

By: _____

Section I - General Information/Instructions

A renewal application form must be completed for each location that will be conducting business in Nebraska. All answers should be typewritten or legibly printed in ink and submitted on or before February 28. All questions must be answered. If additional space is needed on any question(s), please attach extra sheets and reference them accordingly.

Submit one originally signed application. Include a check for two hundred fifty dollars (\$250) made payable to the "Nebraska Department of Banking and Finance." An application will not be processed unless the proper payment is received.

Section II – Applicant Information

1. (a) Give name (including all DBA names), address and license number of Applicant under which Nebraska business would be conducted.

Name:

Address:

License Number:

1. (b) Office telephone, fax number and email address.

Telephone:

Fax:

Email:

Contact Person:

2. Business structure:

(a) Form of organization: (Sole Proprietorship, LLC, Partnership, Corporation, LLP)

(b) If entity, place and date of incorporation or formation:

(c) If non-Nebraska entity, date qualified to do business in Nebraska:

(d) If sole proprietor:

Social Security Number:

Date of Birth:

3. Address where books will be kept:

Above Business Location

Other

If Other, please give address below:

Section II – Applicant Information (cont'd)

4. List the names and addresses of the officers and directors if a corporation, or all partners, members, shareholders with 10% or more shares, and any other persons having an interest therein if a partnership, limited liability company, or other entity. Attach a resume for each person listed who became associated with applicant in the last 12 months.

Full Name and Official Title	Residence	Place of Business	Other Occupation

Section III – Business Operations

5. Has any license or license application by this Applicant been refused, denied, suspended, cancelled or revoked by any state or jurisdiction if not previously disclosed?

Yes No

If yes, give full details:

6. Has Applicant, or any shareholders, officers, directors, partners or members ever been subject to an administrative investigation or proceeding in any state or jurisdiction if not previously disclosed?

Yes No

If yes, give full details:

I represent that the information contained herein is true and complete, to the best of my knowledge and belief.

Business Name

Date

Signature

Name

Title

Now before me, a Notary Public in and for the State of _____, County of _____, came _____ and who, upon presentment of sufficient identification, acknowledged that the foregoing instrument was executed by him or her as a voluntary act and deed, and was subscribed and sworn to before me this _____ day of _____, _____.

(seal)

Notary Public