

# Nebraska Sales Finance License 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. All answers should be typewritten or legibly printed in ink. All questions must be answered. If additional space is needed on any question(s), please attach extra sheets and reference them accordingly.

<b>1. Identifying Information</b>				
Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:				
(A) Entity name (sole proprietors provide last, first, and full middle name)	(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)			
_____	_____			
(C) Main address (Do not use a P.O. Box):				
_____	_____	_____	_____	_____
Number & Street	City	State	Country/Province	Postal Code
(D) Business phone, fax and email address:				
_____	_____	_____	_____	_____
Business Phone	ext.	Toll Free Number (For consumers)	ext.	Fax Line
				Email Address
(E) Mailing address: <input type="checkbox"/> Same as above				
_____	_____	_____	_____	_____
PO Box or Number & Street	City	State	Country/Province	Postal Code
<b>2. Other Trade Names</b>				
List any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company. Use additional sheets as necessary.				
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage <input type="checkbox"/> Debt <input type="checkbox"/> Consumer Finance <input type="checkbox"/> Money Services		
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage <input type="checkbox"/> Debt <input type="checkbox"/> Consumer Finance <input type="checkbox"/> Money Services		
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage <input type="checkbox"/> Debt <input type="checkbox"/> Consumer Finance <input type="checkbox"/> Money Services		

### 3. Resident/Registered Agent

Provide the information for your company's resident/registered agent below. If the resident/registered agent is a company rather than an individual, put the words 'registered agent' in the Title field. Use additional sheets if necessary. **\*\*Note\*\* Attach the original written consent of the registered agent.**

_____ Company	_____ First Name	_____ Last Name	_____ Title	
_____ Number & Street (Do not provide PO Box)	_____ City	_____ State	_____ Country/Province	_____ Postal Code
_____ Business Phone	_____ ext.	_____ Fax Line	_____ Email Address	

### 4. Web Addresses

Provide the full web address(es) for the company and any separate websites for other trade names identified in question 2 (if any exist).

(A) Website Address: \_\_\_\_\_

Is your company accepting applications or transacting business through this website?  YES  NO

(B) Website Address: \_\_\_\_\_

Is your company accepting applications or transacting business through this website?  YES  NO

(C) Website Address: \_\_\_\_\_

Is your company accepting applications or transacting business through this website?  YES  NO

### 5. Primary Contact Employee Information

List below the individual who is the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.

- Primary Company
- Primary Consumer Complaint (Regulator)

_____ First Name	_____ Last Name	_____ Title	_____ Email Address	
_____ PO Box or Number & Street	_____ City	_____ State	_____ Country/Province	_____ Postal Code
_____ Business Phone	_____ Fax Line			

## 6. Additional Contact Employees Information

In the section below, identify any additional contact employee you wish to assist with specific inquiries. Use additional sheets if necessary.

\_\_\_\_\_  
First Name                      Last Name                      Title                      Email Address

\_\_\_\_\_  
PO Box or Number & Street      City                      State      Country/Province      Postal Code

\_\_\_\_\_  
Business Phone      ext.      Fax Line

Identify applicable industry:     Mortgage     Debt     Consumer Finance     Money Services

Indicate area(s) in charge:

Accounting     Consumer Complaint (Public)     Consumer Complaint (Regulator)     Exam Billing

Exam Delivery     Legal                       Licensing     Litigation                       Pre-Exam Contact

Identify the state(s) for every listed contact employee: \_\_\_\_\_

## 7. Books and Records Information

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

\_\_\_\_\_  
Company                      First Name                      Last Name

Same as main address

\_\_\_\_\_  
Business Address                      City                      State      Country/Province      Postal Code  
(Do not provide PO Box)

\_\_\_\_\_  
Business Phone      ext.      Fax Line                      Email Address

Identify applicable industry:     Mortgage     Debt     Consumer Finance     Money Services

Identify the state(s) for which every listed record custodian maintains records for the company: \_\_\_\_\_

Comments: \_\_\_\_\_

## 8. Approvals and Designations

Provide the information below for any approvals and/or designations the company currently holds.

- (A) Federal Housing Administration (FHA) Approval (if selected, indicate Approval Type:  Government Lender  Investing Lender  Nonsupervised Lender  Supervised Lender; and provide Main Approval #: \_\_\_\_\_)
- (B) Ginnie Mae approved Issuer/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (C) Fannie Mae approved Seller/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (D) Freddie Mac approved Seller/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (E) Veterans Administration (VA) Approved Lender (if selected, provide Main Approval #: \_\_\_\_\_)
- (F) FinCEN Registration (Money Service Businesses only) (if selected, provide Confirmation #: \_\_\_\_\_ and Filing Date: \_\_\_\_\_)
- (G) Uniform Debt-Management Services Act Accreditation
- (H) Guaranteed Rural Housing (GRH) Approval (if selected, provide Main Approval #: \_\_\_\_\_)
- (I) Other Approval/Designation (if selected, provide the name of approval/designation and number below)  
Name of Approval/Designation: \_\_\_\_\_ Approval/Registration #: \_\_\_\_\_

(J) Will entity engage in any non-financial services-related business?

YES

NO

If "yes" briefly describe. \_\_\_\_\_

(K) Will the entity occupy or share space with any person(s) engaged in financial services-related activity?

YES

NO

If "yes" briefly describe. \_\_\_\_\_

## 9. Legal Status

(A) Fiscal year end (MM/DD): \_\_\_\_\_

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

Formation State: \_\_\_\_\_ Formation Country/Province: \_\_\_\_\_

Date of formation (MM/DD/YYYY): \_\_\_\_\_

(C) If publicly traded, insert stock symbol: \_\_\_\_\_

(D) Indicate legal status of applicant.

Corporation

Limited Liability Company

Not For Profit Corporation

Partnership

Sole Proprietorship

Other (specify) \_\_\_\_\_

## 10. Affiliates/Subsidiaries

In this section, you must identify each entity under common ownership (affiliate) and each entity under your control (subsidiary) that provides Financial services or settlement services. Use additional sheets if necessary.

(A) Entity ID: \_\_\_\_\_ (B) Affiliate/Subsidiary Name: \_\_\_\_\_

(C) \_\_\_\_\_ (D) \_\_\_\_\_ (E) \_\_\_\_\_ (F) \_\_\_\_\_  
Number & Street City State Country/Province Postal Code

(G) Control Relationship:  Affiliate (Under Common Control)  Subsidiary (Entity Controls)

(H) Description: \_\_\_\_\_

(I) Provide an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest).

<b>11. Disclosure Questions</b>		
For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the applicant. If the answer to any of the following is "YES", you must provide complete details including copies of any applicable Orders or Documents.		
<b>Criminal Disclosure</b>	<b>YES</b>	<b>NO</b>
(A) Has the entity or a control affiliate ever: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?  (2) been charged with any felony?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
(B) (1) In the past 10 years has the entity or a control affiliate been convicted of pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion? (2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
<b>Regulatory Action Disclosure</b>		
(C) In the past 10 years, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever: (1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical? (2) found the entity or a control affiliate to have been involved in a violation of a financial services-related regulations(s) or statute(s)? (3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?  (5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is there a pending regulatory action against the entity or a control affiliate for any alleged violation described in (C) through (D)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(F) Has any domestic or foreign court: (1) in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity? (2) in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)? (3) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority?	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
(G) Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Disclosure</b>		
(H) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Does the entity have any unsatisfied judgments or liens against it?		<input type="checkbox"/>
<b>12. Direct Owners and Executive Officers</b>		

Provide the information requested below for the individual or company being identified as a (i) direct owner of 10% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). **An Individual Form must be completed for all natural person(s) identified in this section.**

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership	Individual or Company	Stock Symbol (Company Only)	SSN or EIN (Company Only)
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		

**13. Indirect Owners**

Are there any indirect owners (25% or more ownership at each level) of the entity required to be reported?

YES (If yes, you must provide the information requested in the section below.)  NO

Ownership Type examples include: partner, trustee, indirect owner, shareholder, etc. The Equity Owner is the company in which the ownership interest is held. An Individual Form must be completed for all Individuals identified as control persons.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Ownership Type	Equity Owner in Which Interest is Held	% Ownership	Control Person	Stock Symbol (Company Only)	SSN or EIN (Company Only)	Individual or Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

14. Submit the Applicant’s most recent annual **AUDITED** financial statement. If Applicant does not have an audited financial statement, and Applicant is a wholly owned subsidiary, a copy of the parent company audited corporate financial statement must be submitted.
15. Attach one check for the amount of one hundred fifty dollars (\$150.00). The check should be made payable to the “Nebraska Department of Banking and Finance.” An application will not be processed unless proper payment is received.
16. Attach the written consent of the Nebraska Registered Agent.
17. Attach an original surety bond, in the amount of fifty thousand dollars (\$50,000.00) 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 the bond form found on the Department’s website.
18. Return the application, attachments and fee(s) to the Department of Banking and Finance. No application will be processed unless proper payment is received.

19. Once submitted, the application and all supporting documentation will be reviewed. The Department reserves the right to hold a hearing if deemed necessary to clarify any issue that may arise during the application process. An order will be issued approving or denying the application. No business may be conducted until a license is issued.

**EXECUTION:** The undersigned, swear (or affirm) as follows, that I executed this form on behalf, and with the authority, of said Applicant and said Applicant agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

\_\_\_\_\_  
Signature of applicant's representative

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Printed Name and Title

### 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*