

Nebraska Sales Finance 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 September 19, 2012**. 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.

1. Identifying Information				
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) State License Number				
(D) Main address (Do not use a P.O. Box):				
_____ Number & Street	_____ City	_____ State	_____ Country/Province	_____ Postal Code
(E) Business phone, fax and email address:				
_____ Business Phone	_____ Toll Free Number (For consumers)	_____ Fax Line	_____ Email Address	
(F) Mailing address: <input type="checkbox"/> Same as above				
_____ PO Box or Number & Street	_____ City	_____ State	_____ Country/Province	_____ Postal Code
2. Other Trade Names				
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.				
_____ Other Trade Names or "dba" used	_____ State(s) where the Other Trade Name is used	Identify applicable industry: <input type="checkbox"/> Mortgage <input type="checkbox"/> Debt <input type="checkbox"/> Consumer Finance <input type="checkbox"/> Money Services		
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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**** If the below information is a change from the original application or the last renewal application, attach the original written consent of the new registered agent.

_____ Company	_____ First Name	_____ Last Name	_____ Title	
_____ Number & Street (Do not provide PO Box)	_____ City	_____ State	_____ Country/Province	_____ Postal Code
_____ Business Phone	_____ 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 3 (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

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
(Do not provide PO Box)

City

State

Country/Province

Postal Code

Business Phone

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? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(K) Will the entity occupy or share space with any person(s) engaged in financial services-related activity? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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): _____
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(C) If publicly traded, insert stock symbol: _____

(D) Indicate legal status of applicant.

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Not For Profit Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> 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).

11. Disclosure Questions		
<p>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 to the state(s) where you are licensed/registered or requesting licensure/registration. Remember to file updates of these disclosures as needed.</p>		
Criminal Disclosure	YES	NO
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with any felony?	<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?	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
Regulatory Action Disclosure		
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(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)?	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(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"/>
Civil Judicial Disclosure		
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(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)?	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(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"/>
Financial Disclosure		
(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"/>	<input type="checkbox"/>

12. Direct Owners and Executive Officers

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 eighty-seven dollars and fifty cents (\$187.50). 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. Return the application, attachments and renewal fee(s) to the Department of Banking and Finance, **postmarked NO LATER than September 19, 2012.**

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