

# APPLICATION FOR ORIGINAL LICENSE



Alabama Consumer Credit Act "Mini-Code"  
State Banking Department  
P. O. Box 4600  
Montgomery, Alabama 36103-4600  
[www.banking.alabama.gov](http://www.banking.alabama.gov)

For Department Use Only	
Lic #: _____	ID#: _____
Only 2052: _____	Also 374: _____
Lic \$: _____	Inv \$: _____
Issue Date: _____	

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the consumer lending business pursuant to Ala. Code 5-19-1 et seq.

Business Name: \_\_\_\_\_

D/B/A (if different): \_\_\_\_\_

- Applicant is a(n):
- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alabama Business Corporation          | <input type="checkbox"/> Alabama Limited Liability Company |                                     |
| <input type="checkbox"/> Alabama Limited Liability Partnership | <input type="checkbox"/> Alabama Limited Partnership       |                                     |
| <input type="checkbox"/> Foreign Business Corporation          | <input type="checkbox"/> Foreign Limited Liability Company |                                     |
| <input type="checkbox"/> Foreign Limited Liability Partnership | <input type="checkbox"/> Foreign Limited Partnership       |                                     |
| <input type="checkbox"/> General Partnership                   | <input type="checkbox"/> Sole Proprietorship               | <input type="checkbox"/> Non-Profit |

PHYSICAL LOCATION: Street: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address -- Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

COMPLETE THE FOLLOWING FOR EACH OWNER, MEMBER, OFFICER AND DIRECTOR AS APPLICABLE:

Name:	Title:	Ownership %:
Residence Address:	_____	
Business Address:	_____	
Name:	Title:	Ownership %:
Residence Address:	_____	
Business Address:	_____	
Name:	Title:	Ownership %:
Residence Address:	_____	
Business Address:	_____	
Name:	Title:	Ownership %:
Residence Address:	_____	
Business Address:	_____	

(Continue on attachment if necessary)

Has the Applicant or any of its owners, members, directors, officers or any beneficial owner been convicted of a felony or any crime involving breach of trust, fraud or dishonesty? Yes:  No:

If yes, please explain:

Has the Applicant or any of its owners, members, directors or officers had a loan license denied, revoked or suspended by any government agency? Yes:  No:

If yes, please explain and list which state(s)?

Has the Applicant or any of its owners, members, directors or officers had any court findings of fraud against them?

If yes, please explain:

Yes:  No:

Does the Applicant operate other locations in Alabama or any other state?

Yes:  No:

If yes, complete the following:

<u>Name of State</u>	<u>Trade Name</u>	<u>Date Originally Licensed</u>

(Continue on attachment if necessary)

Who should we contact regarding licensing?

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Who should we contact regarding examinations?

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Who should we contact regarding complaints?

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Who should we contact regarding annual reports?

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION OR YOUR APPLICATION WILL BE RETURNED:

- ATTACHMENT 1. A summary of the education and experience of each owner, member, director and officer.
- ATTACHMENT 2. A certified copy of the Applicant's Articles of Incorporation and By-Laws, partnership agreement, or Articles of Organization. If Applicant is an out-of-state company, also attach a Certificate of Authority issued by the Alabama Secretary of State.
- ATTACHMENT 3. Applicant's most recent financial statement prepared in accordance with standard accounting practices under the supervision of a CPA showing at least \$25,000 in unencumbered cash assets for each location.
- ATTACHMENT 4. Three letters of recommendation on each owner, member, director and officer from business people who have personal knowledge of the Applicant's business experience.
- ATTACHMENT 5. A true and complete (front and back) copy of the Applicant's TILA disclosure.
- ATTACHMENT 6. A properly executed ALEA "Application To Review Alabama Criminal History Record Information". Include a front and back copy of your valid photo identification card and a completed FBI-Application Fingerprint card for each owner, member, director, and officer, as applicable.
- ATTACHMENT 7. A properly executed State Banking Department "Credit Report Release Form" for each owner, member, director, and officer, as applicable.
- ATTACHMENT 8. A certified check for \$100 for the investigation fee and a separate certified check for \$500 for the annual license fee, made payable to the STATE BANKING DEPARTMENT.
- ATTACHMENT 9. A statement of any business which Applicant proposes to conduct from the same location. If no other business will be conducted, a statement stating no other business will be conducted.

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, being the \_\_\_\_\_  
 [Officer (Title), Partner or Owner]  
 of \_\_\_\_\_

swear (or affirm) to the best of my knowledge and belief that the statements contained in this application are true and complete.  
 I understand that inaccurate responses may be grounds for denial or revocation of this license.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature

Sworn and subscribed to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public