

APPLICATION FOR ORIGINAL LICENSE



Deferred Presentment Services Act
State Banking Department
401 Adams Avenue, Suite 680
Montgomery, Alabama 36130

For Department Use Only	
Lic #: _____	ID#: _____
Only 359: ____	Also 597: ____
Lic \$: _____	Inv \$: _____
Issue Date: _____	

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the business of deferred presentment services pursuant to Act 2003-359.

APPLICANT: _____

D/B/A (if different): _____

Applicant is a Corporation _____ Partnership _____ Individual _____ Other _____
(Identify)

PHYSICAL LOCATION: Street: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: _____ 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 or officers been convicted of a felony or any crime involving breach of trust, fraud or dishonesty? Yes: _____ No: _____

If yes, explain on separate sheet.

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

If yes, which state(s)? _____

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

Yes: _____ No: _____ *If yes, explain on separate sheet.*

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)

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 showing at least \$20,000 in unencumbered cash assets prepared in accordance with standard accounting practices under the supervision of a CPA.
- ATTACHMENT 4. A true copy of the Applicant's customer Agreement.
- ATTACHMENT 5. A properly executed Department of Public Safety "Release Form" (enclosed).
- ATTACHMENT 6. A properly executed State Banking Department "Credit Report Release Form" (enclosed).
- ATTACHMENT 7. A statement of other business, if any, which Applicant proposes to conduct from the same location.
- 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.

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