

FOR OFFICE USE ONLY
License Fee: \$ _____

Check No.: _____

Receipt No.: _____

**STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901**

REQUEST FOR ADDITIONAL LOCATIONS

LICENSED LENDER LICENSE

In compliance with the requirements of Chapter 22, Title 5, Delaware Code, providing for the regulation of financing the sale of Licensed Lenders,

Name of
Applicant: _____

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for an additional location in accordance with its terms:

1. Contact person and telephone number for application:

Name: _____

Title: _____

Telephone
Number: _____

2. Address of principal office where business is conducted:

No. &
Street: _____

City/County/State/Zip
Code: _____

3. Additional locations currently licensed:

4a. Address(es) **and** telephone numbers of locations being applied for:

b. Is any location for which you are requesting a license considered a “net branch”? Yes No

If “yes”, please provide all details of the arrangement, including (but not limited to) the participating company, names, titles, addresses, and telephone numbers of the principals, compensation arrangements, etc.

NOTE: In accordance with HUD Mortgagee Letter 00-15, the practice of a HUD/FHA approved mortgagee “taking on an existing, separate mortgage company or broker as a branch and allowing that separate entity to originate insured mortgages under the approved mortgagee’s HUD mortgage number” constitutes a **prohibited** net branch arrangement.

c. If any location to be licensed is outside of Delaware, include an explanation of how the location will be transacting the business of lending money in this State.

5. Indicate where the financial books and loan records for additional locations will be maintained.

6. Personal resumes for all managers of the **new** location(s) should be submitted **with** this application.

7. Personal resumes for all **new** principals of the licensee should be submitted **with** this application.

8. A financial statement for all **new** principals of the licensee should be submitted **with** this application.

9. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense? Yes No

10. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used an alias or been known by another name? Yes No

11. Has the applicant company, you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, revoked or has any regulator imposed a fine or taken other type of disciplinary action?
Yes _____ No _____
12. If the answer to 9, 10, or 11 is “yes”, attach a schedule giving details. If the answer to 11 is “yes”, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).
13. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company. If you are a sole proprietor, please also provide a detailed personal financial statement (asset/liability statement).
14. A non-refundable investigation fee of \$250.00 *per location to be licensed*, and a license fee of \$250.00 *per location to be licensed* must accompany this request.
Make checks payable to: State of Delaware.

NOTE: Licensees intending to make short term consumer loans as defined in Section 2227, Title 5; and title loans as defined in Section 2250, Title 5; must pay a surcharge of \$1,500.00 per requested location prior to receiving licenses for additional locations. This fee must accompany the completed application. Make checks payable to the Office of the State Bank Commissioner.

Signed: _____
Principal of Licensee

Title & Date

_____ being duly sworn according to the law,
deposes and says that he/she is authorized to make this affidavit; that the statements
contained in the above application are true and correct. Witness the due execution by the
parties hereto and in the case of a corporation or association, under their respected seals
this _____ day of _____, 2_____

Individual/Partner/Principal Officer

Corporate Seal
*____ Please check
if company does not
have a company seal

***If company has had a seal in the past and no longer has one, please attach an explanation.**

Attest: _____
Principal

Sworn to and subscribed before me this _____ day of
_____, 2_____

Notary Public

My commission expires: _____

NOTARY SEAL