

FOR OFFICE USE ONLY:

Inv. Fee: _____
Check No: _____
Receipt No: _____

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

MOTOR VEHICLE SALES FINANCE APPLICATION
(Chapter 29, Title 5, Del.C.)

PLEASE TYPE

1. Business name of Applicant: _____

E.I. or S.S. # _____

2. Contact person, title, e-mail and phone number for application (include extensions):

3. Please list the principal location and each additional location where Delaware business will be conducted. *These do not have to be located within Delaware.*

Principal location, including telephone number, to be licensed:

No. & Street City County State Zip Code Phone

Additional locations, including telephone number, to be licensed:

(Please attach the branch manager's resume)

No. & Street City County State Zip Code Phone

No. & Street City County State Zip Code Phone

No. & Street City County State Zip Code Phone

4. Address where loan files and other records will be kept for examination purposes:

5. How is applicant organized:

____ Corporation ____ Partnership ____ LLP ____ LLC

____ Sole Proprietorship ____ Other: _____

6. **CORPORATIONS ONLY** - Please provide the following information:

a. Date of incorporation: _____

b. Place of incorporation: City of _____ County of _____
State _____

c. If *applicant company* (not parent) is widely held publicly, items d. through g. do not need to be completed. Instead, please provide a copy of the Board Resolution authorizing this company's purpose.

d. Attach a schedule listing the principal or senior officers' full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.

e. Attach a schedule listing the Directors of the Corporation including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers and occupations.

f. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.

g. Attach a schedule listing the stockholders of the corporation including full names, residence addresses, business addresses, dates of birth, social security numbers, and number of shares held.

h. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.

i. If applicant's capital stock is owned, in whole or in part, by a parent company, submit a corporate financial statement for the parent company with this application.

j. Are the stockholdings of any person listed in g. held in a name other than the stockholder's real name? _____ If so, provide a schedule listing name, address, holding and beneficial owner of stock.

k. **Please provide proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware corporation or a foreign corporation.**

7. **LLC ONLY** - Please provide the following information:

a. Date of formation: _____

b. Place of formation: _____
City County State

c. Attach a schedule listing all senior management including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.

d. Attach a schedule of all persons (individuals or businesses) having an ownership interest (members) in the applicant including, as applicable, all the details requested in c. as well as each percentage of ownership.

e. Personal resumes and personal financial statements for all senior management and for all individual members must be submitted **with** this application.

f. Please provide a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.

g. Please submit the following for businesses that are members of the applicant: a recent balance sheet (asset/liability statement) and income statement (profit/loss statement); a list of all persons (individuals or businesses) with an ownership interest (names and addresses).

h. **Please provide proof that the applicant has registered with Delaware Division of Corporations, whether as a Delaware LLC or a foreign LLC.**

8. **PARTNERSHIP, LLP ONLY** - Please provide the following information:

a. Date of formation: _____

b. Place of formation: _____
City County State

- d. A list of all principals of the applicant must be submitted with this application including full names, residence addresses, business addresses, dates of birth, Social Security numbers, and percentage of ownership of the applicant, if any.
- e. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.
- f. Please submit detailed business and personal financial statements for the owner/applicant that are no more than six (6) months old. Include a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement).

ALL APPLICANTS:

- 11. All applicants must provide information regarding their registered agent for service of process in Delaware.
 - a. Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State **provided the designee is located in Delaware** in accordance with Section 132(a), Title 8 of the Delaware Code.
 - b. Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State **provided the designee is located in Delaware** in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, street address, and telephone number of registered agent:

- 12. 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 _____
- 13. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by any other name? Yes _____ No _____
- 14. 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 been the subject of any other type of disciplinary action?
 Yes _____ No _____

22. **BUSINESS REFERENCES:** We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be the CPA, attorney, bank or other type of business. **(One letter must be from a bank.) Each letter must refer to the applicant company, not an individual within the company.**

PLEASE NOTE:

It is the applicant's responsibility to contact these references and have each send a letter of reference **directly** to the *Office of the State Bank Commissioner at 555 East Loockerman Street, Suite 210, Dover, DE 19901, Attention: Licensing Department*. Copies of the applicant's letters requesting these references must be submitted with this application. **No reference letters will be accepted or considered if they are not provided directly from the reference source.**

23. a. Applicant must provide an original surety bond in the principal amount of \$25,000 and in compliance with all requirements of Section 2914(a), Title 5 of the Delaware Code. The bond shall run to the State for a period commensurate with the license or be continuous, and shall be conditioned that the licensee shall comply with Chapter 29, Title 5 of the Delaware Code. Please use the bond form available at:

<http://banking.delaware.gov/services/applicense/forms/mvbond.pdf>

- b. Provide the name, address and telephone number of your bond company that this office should use to file a claim against the bond if necessary.

- c. In lieu of a surety bond, applicant may provide an original irrevocable letter of credit in accordance with Section 2914(b), Title 5 of the Delaware Code.

24. Copies of all documents to be used in the conduct of the applicant's business in this state must be submitted with the application.

25. A non-refundable investigation fee of \$287.50 **must** accompany this application. Upon approval and prior to issuance of a license, a license fee of \$287.50 *per location* must also be remitted. These fees are not pro-rated. **Make checks payable to the Office of the State Bank Commissioner.**

If you have any questions regarding this application, please contact our licensing department at 302-739-4235.

This application must be signed and sealed (if applicable) by a principal of the applicant (president, vice-president, majority partner, majority member, owner, etc.), attested to by another principal and notarized. In cases of applicants with a single principal, having that signature notarized will suffice.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said applicant company, and that the information contained herein is true and correct to the best of my knowledge and belief.

**SEE ATTACHED AUTHORIZATION AND RELEASE FORM
AND CERTIFICATION OF AGENT**

(Signature)

(Print Name)

(Title)

(Date)

CORPORATE SEAL

If no seal, check here _____

I hereby certify as a principal of the applicant company that the person whose signature appears above is authorized to sign for the applicant company and submit this application for licensure.

(Signature)

(Title)

(Date)

Subscribed and sworn to before me this _____ day of _____, 2_____.

NOTARY PUBLIC

NOTARY SEAL

MOTOR VEHICLE SALES FINANCE FACT SHEET

Name of Licensee: _____

Employer Identification Number: _____

A contact **and all requested information** must be provided for each of the following categories.

Supervisory Assessment _____

Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

License Renewal

Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Examination

Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Complaints

Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Public Contact

Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Changes in contact information must be reported to the Office of the State Bank Commissioner immediately.

AUTHORIZATION AND RELEASE

Each person listed below, by and through _____
(Person with authority to submit application)

as that person's authorized agent, hereby consents to the State Bank Commissioner of the State of Delaware and any employee, agent or representative that the State Bank Commissioner may designate (collectively the "Commissioner") conducting such investigation of that person as the Commissioner deems necessary or appropriate in connection with this application. Each such person also agrees to provide the Commissioner with any information that the Commissioner requests, and authorizes the Commissioner to disclose any information concerning that person and the results of the investigation to any person, agency, court, institution, association or other entity that the Commissioner, in the Commissioner's sole discretion, deems appropriate as part of the investigation.

Each such person further authorizes and requests every person, agency, court, institution, association, or other entity having possession, custody, or control of any information pertaining to that person to provide the Commissioner with any information requested, including documents, records, files regarding charges, complaints or grievances involving that person (whether formal or informal, pending or closed), or other data, and to permit the Commissioner to inspect and copy such information, documents, records, files, and data.

Each such person hereby specifically releases, discharges, and exonerates the Commissioner, all employees, agents and representatives of the Commissioner, and any person, agency, court, institution, association or other entity so providing information to the Commissioner, from any and all claims and liability of every nature and kind whatsoever (including claims and liability for any negligence of any type) arising out of, or in any way related to, the Commissioner's investigation and the providing, inspecting, disclosing or copying of such information, documents, records, files, and data.

CERTIFICATION OF AGENT

I, _____, hereby certify that I have given a
(Person with authority to submit application)

copy of this Authorization and Release to each of the following persons:

and each such person has explicitly authorized and appointed me as an agent to execute this document for that person.

Signature of Authorized Person

State of

County of

Subscribed and sworn to before me this _____ day of _____, 2____.

NOTARY PUBLIC

NOTARY SEAL

Business Survey

Licensee: _____

Please indicate the types of transactions in which your company engages under your Delaware Motor Vehicle Sales Finance license: (check all that apply)

___ **Vehicular Retail Contracts**

___ **Purchase Money Mobile Home**

___ **Refinance Mobile Home**

___ **GAP**

Contact Name, Phone Number and Date