

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

REQUEST FOR ADDITIONAL LOCATIONS

FOR OFFICE USE ONLY

License Fee: \$ _____

Check No.: _____

Receipt No.: _____

MOTOR VEHICLE SALES FINANCE COMPANY LICENSE

In compliance with the requirements of Chapter 29, Title 5, Delaware Code, providing for the regulation of Motor Vehicle Sales Finance Companies,

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:

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

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

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6. Personal resumes for all managers of the **new** location(s) should be submitted **with** this application.
 7. Personal resumes and personal financial statements for all **new** principal officers or corporate directors should be submitted **with** this application.
 8. 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 _____
 9. 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 _____
 10. 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 _____
 11. If the answer to 8, 9, or 10 is “yes”, attach a schedule giving details. If the answer to 10 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.).
 12. 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).
 13. All requests must be accompanied by a licensing fee of \$287.50 *per requested location*.
Make checks payable to: State of Delaware.

Signed: _____
Principal of Licensee

Title & Date

_____ being duly sworn according to law, deposes and says that he 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 respective seals this _____ day of _____, _____.

Corporate Seal

* Check here if company has no corporate seal.

Individual/Partner/Principal Officer

Attest: _____
Principal

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

Sworn and subscribed before me this _____ day of _____,

Notary Public

My commission expires _____

NOTARY SEAL