

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

Telephone No. (302) 739-4235

[www.banking.delaware.gov](http://www.banking.delaware.gov)

Fax No.: 302-739-2356

**RENEWAL APPLICATION  
FOR LICENSE UNDER CHAPTER 29  
MOTOR VEHICLE SALES FINANCE**

Website Address: \_\_\_\_\_

1. Name of Licensee:

\_\_\_\_\_

FIN or SSN: \_\_\_\_\_

2. Contact person, title and phone number for application:

Name/Title	Telephone Number/Extension	Fax No.	Email Address
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3. Address of principal office where Delaware business is being conducted: **The renewal application cannot be used to notify this office of address changes or apply for new branch offices.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

No. & Street	City	State	Zip Code	Telephone #
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**(Must be consistent with current address on record)**

Additional licensed locations being renewed **(Must be consistent with current addresses on record):**

No. & Street	City	State	Zip Code
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No. & Street	City	State	Zip Code
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No. & Street	City	State	Zip Code
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No. & Street	City	State	Zip Code
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If additional space is required, attach list.

4. All licensees 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:

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5. Licensee is formed as a: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ LLC  
\_\_\_ Other (name type) \_\_\_\_\_ State of Formation: \_\_\_\_\_
6. Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, business address, residential address, date of birth, and, if director, date term expires, with this renewal application.
7. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
8. Please provide an updated list of managers of all locations to be licensed. Provide resumes for location managers hired or promoted during 2018. Personal resumes should include a detailed work history.
9. Personal resumes and personal financial statements for all **new** principals of the business (including senior management) must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a balanced Asset/Liability Statement. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
10. A recent Asset/Liability Statement (must reflect adequate capital) and Income Statement (Profit/Loss) for the licensee must be submitted with this application.  
**PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.
11. If the licensee's capital stock is owned, in whole or in part, by a parent company, then a recent statement of financial condition must be submitted for the parent company.
12. **SURETY BOND AND/OR LETTER OF CREDIT**  
Please indicate which of the following applies:
- \_\_\_ a) Attached is a copy of our continuous surety bond.
  - \_\_\_ b) Attached is an original continuation certificate extending the validity of our surety bond through and including December 31, 2019 (or later).
  - \_\_\_ c) Attached is an original amendment to our irrevocable letter of credit extending the validity of the LOC through and including December 31, 2021 (or later).
  - \_\_\_ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2021 (or Later).
  - \_\_\_ e) Attached is a brand new, original surety bond valid through and including December 31, 2019 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2021.

13. Have you or any owner, officer, director, partner, member, employee or agent of your organization ever been convicted of a criminal offense **since the last time this information was disclosed? Include past incidents that have only recently come to your attention, such as information about new employees.**  
 Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you or any owner, officer, director, partner, member, employee or agent of your organization ever used an alias or been known by any other name (other than “married/maiden”) **since the last time this information was disclosed?** Yes \_\_\_\_\_ No \_\_\_\_\_
15. Has the licensee, you or any owner, officer, director, partner, member, employee or agent or any of your organization ever had any license (other than driver’s license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?** Yes \_\_\_\_\_ No \_\_\_\_\_
16. If the answer to questions 12, 13, or 14 is “yes”, please attach a separate page giving details. If the answer to 12 **and/or** 14 is “yes”, please provide photocopies of all legal and/or regulatory documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)
17. Please provide a detailed business description.
18. Reports, Invoices, and Examination Violations.
- (a) The filing of all reports, such as Report of DE Assets and Report of DE Loan Volume, must be up to date. Licensees behind on filing will not be considered approved until the missing reports are received by this office.
- (b) Please note all outstanding invoices must be paid before a renewal application will be considered for approval.
- (c) If you have been examined by this office and received a report listing violations, please note that you must respond to this office and clear the violations before a renewal application will be considered for approval.**
- (d) Provide a list of licensed Mortgage Loan Originators including names and NMLS numbers. (manufactured housing only)
19. Application Submission Information.
- An annual license renewal fee of \$287.50 per location must be submitted with this renewal application.
  - Please make checks payable to *State of Delaware* and reference it to “Renewal Fee”.
  - **Applications received on or before the December 1, 2018, deadline, but without all required fees, will be considered late and treated accordingly.**
  - **If you are not renewing a particular licensed location, you must state this in writing on your letterhead.**

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

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21. Address where actual examination will be conducted:

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

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Full Corporate Name

**Corporate Seal**

\*  Check here if you do not have a corporate seal

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

Signed: \_\_\_\_\_  
Principal

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

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Signature of Notary Public

My Commission expires on \_\_\_\_\_.

NOTARY SEAL

MOTOR VEHICLE SALES FINANCE

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

MLO Renewal Contact  
(Manufactured Housing Only) \_\_\_\_\_

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

***Changes in the above contacts must be reported to our office immediately.***

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 and return with your completed renewal application)

- Motor Vehicle Sales Retail Contracts
- Purchase Money Mobile Home Retail Contracts
- Refinance Mobile Home Retail Contracts
- GAP

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**Contact Name, Title, Phone Number and Date**