| FOR OFFICE L   | JSE ONLY |
|----------------|----------|
| Invoice Fee:   |          |
| Check No.:     |          |
| Receipt No.: _ |          |

# STATE OF DELAWARE OFFICE OF THE STATE BANK COMMISSIONER 1110 FORREST AVENUE DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

www.banking.delaware.gov

Fax No. (302) 739-2356

### <u>LICENSED LENDER APPLICATION</u> (Chapter 22, Title 5, Delaware Code)

Website Address:

|   | (Include all d/b/a's. Nam              | e must be the same             | as on the surety b  | ond)                |
|---|--|--------------------------------|---------------------|---------------------|
| FIN or SSN:   |  |                                |                     | ·                   |
| Contact person and phone  | number for application:                |                                |                     |                     |
| Name/Title  | Telephone Nun                          | nber/Extension                 | Fax No.             | Email Address       |
| Address of principal office Delaware.                             | e where Delaware business w            | ill be conducted. T            | his address does no | t have to be locate |
| Delaware.   |  |                                |                     |                     |
| No. & Street  | City                                   | State                          | Zip Code            | Telephone 7         |
| No. & Street  | City licensed. (Please attach the City |                                | •                   | Telephone           |
| No. & Street Additional locations to be                           | licensed. (Please attach the           | branch manager's               | resume)             |                     |
| No. & Street Additional locations to be No. & Street              | licensed. (Please attach the  City     | branch manager's<br>State      | resume) Zip Code    | Telephone a         |
| No. & Street Additional locations to be No. & Street No. & Street | City City                              | branch manager's  State  State | Zip Code Zip Code   | Telephone :         |

**NOTE:** In accordance with HUD Mortgage Letter 00-15, the practice of 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 the date of the please of the control of the  | Other (provide type ORATIONS ONL) te of incorporation: ace of incorporation: the applicant (not parase provide a copy tach a list of all the parase of birth and occur   | Y – Please provid  Countent) is widely he of the Board Reso  | Sole Proprietorship  e the following information  unty of  ld publicly, items d. througolution authorizing this comparents of the co | n: State gh g. do not need to npany's purpose.  | o be completed. I |  |  |
|--|--|--|--|---|-------------------|--|--|
| c. If the date of the please of the control of the  | Corporation Other (provide type ORATIONS ONL  te of incorporation:  ace of incorporation:  the applicant (not parase provide a copy stach a list of all the parase of birth and occur  | Y – Please provid  Countent) is widely he of the Board Reso  | unty ofld publicly, items d. throug  | n: State gh g. do not need to npany's purpose.  | o be completed. I |  |  |
| c. If the date of the please of the control of the  | Other (provide type ORATIONS ONL) te of incorporation: ace of incorporation: the applicant (not parase provide a copy tach a list of all the parase of birth and occur   | Y – Please provid  Countent) is widely he of the Board Reso  | unty ofld publicly, items d. throug  | n: State gh g. do not need to npany's purpose.  | o be completed. I |  |  |
| <ul> <li>a. Dat</li> <li>b. Pla</li> <li>Cit;</li> <li>c. If the ples</li> <li>d. Attendate</li> <li>e. Attendate</li> <li>f. Per wit</li> </ul>   | te of incorporation:  Ty  The applicant (not parase provide a copy stach a list of all the parase of birth and occur   | :Counterent) is widely here of the Board Resort principals or senic  | unty ofld publicly, items d. throug  | Stategh g. do not need to npany's purpose.  | be completed. I   |  |  |
| b. Place City c. If the please d. Att. date date d. Att. add f. Per wit  | the applicant (not parase provide a copy tach a list of all the parase of birth and occur  | :Counterent) is widely here of the Board Resort principals or senic  | unty ofld publicly, items d. throug  | Statesh g. do not need to npany's purpose.  | be completed. I   |  |  |
| c. If the please of the control of t | the applicant (not parase provide a copy tach a list of all the parase of birth and occur  | Counternation Co | ld publicly, items d. throug   | gh g. do not need to npany's purpose.   | be completed. I   |  |  |
| c. If the please of the please | the applicant (not parase provide a copy that a list of all the parase of birth and occur  | arent) is widely he<br>of the Board Reso<br>principals or senio  | ld publicly, items d. throug   | gh g. do not need to npany's purpose.   | be completed. I   |  |  |
| d. Att. date e. Att. add f. Per wit  | tach a list of all the just of birth and occur   | of the Board Reso<br>principals or senio   | olution authorizing this com   | npany's purpose.  | •                 |  |  |
| date e. Att add f. Per wit   | tes of birth and occu  |  | or officers' full names title  |   | 1 . 11            |  |  |
| f. Per wit   |  | ipations.  | of officers full hames, title  | Attach a list of all the principals or senior officers' full names, titles, residence addresses, business address dates of birth and occupations. |                   |  |  |
| wit  | Attach a list of all the directors of the Corporation including full names, titles, residence addresses, busine addresses, dates of birth, occupations and date term expires.  |  |  |   |                   |  |  |
|  | Personal resumes and personal financial statements for all principal officers and directors must be submitte with this application.  |  |  |   |                   |  |  |
| resi<br>sub  | Attach a list of all individuals and businesses with an ownership interest in the applicant, including full na residential address, business address, number of shares held and percentage of ownership. If the applicant subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company). |  |  |   |                   |  |  |
|  |  | •  | lequate capital in accorda<br>(Profit/Loss) of the applica   |   | • •               |  |  |
|  |  |  | in whole or in part by a par<br>submitted for the parent (v  | • •   |                   |  |  |
| -  |  |  | ed in g. held in a name other address, holding and benefi  |   |                   |  |  |

Delaware corporation or a foreign corporation.

| a.        | Date of formation:   |                              |  |  |
|-----------|--|------------------------------|--|--|
| b.        | Place of formation:  |                              |  |  |
|           | City   | County of                    | State  |  |
| c.        | Attach a list of all senior mandates of birth and occupations  | _                            | titles, residence addresses, business addresses,                                 |  |
| d.        | Personal resumes and personal financial statements for all senior management and all individual members me be submitted <b>with</b> this application.  |                              |  |  |
| e.        | Attach a list of all members (i as applicable, all the details re  |                              | ng an ownership interest in the applicant including ntage of ownership for each. |  |
| f.        | A recent Balance Sheet (must reflect adequate capital in accordance with Section 2228(a), Title 5 of the Delaware Code) and Income Statement (Profit/Loss) of the applicant (within the last six months).  |                              |  |  |
| g.        | Submit a recent Balance Sheet and Income Statement (Profit/Loss) for businesses that are members of the applicant. Submit personal financial statements for individuals who are members of the applicant. (Financial statements must be within the last six months). |                              |  |  |
| h.        | Proof that the applicant has<br>Delaware LLC or a foreign  | _                            | e Division of Corporations, whether as a   |  |
| <u>PA</u> | ARTNERSHIP, LLP ONLY –   | Please provide the following | information:   |  |
| a.        | Date of formation: :   |                              |  |  |
| b.        | Place of formation:  |                              |  |  |
|           | City   | County of                    | State  |  |
| c.        | Attach a list of all senior management including full names, titles, residence addresses, business addresses, dates of birth and occupations.  |                              |  |  |
| d.        | Personal resumes and personal financial statements for all senior management and all individual partners must<br>be submitted <b>with</b> this application.  |                              |  |  |
| e.        | Attach a list of all partners (individuals or businesses) having an ownership interest in the applicant including as applicable, all the details requested in c., as well as percentage of ownership for each.   |                              |  |  |
| f.        | A recent Balance Sheet (must reflect adequate capital in accordance with Section 2228(a), Title 5 of the Delaware Code) and Income Statement (Profit/Loss) of the applicant (within the last six months).  |                              | ` *  |  |
|           |  |                              |  |  |

statements must be within the last six months).

h. Proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware LLP/LP or a foreign LLP/LP. **SOLE PROPRIETORSHIP ONLY** – Please provide the following information: 10. a. Date of formation: b. Place of formation: City \_\_\_\_ County of \_\_\_ State \_\_\_ c. Attach a schedule listing the owner's full name, residence address, business address, date of birth and occupation. d. Attach a list of principal members of management of the applicant other than the owner, including full names, titles and business addresses. e. Personal resumes for the owner and principal members of management of the applicant must be submitted with this application. f. Detailed business and recent personal financial statements (within the last six months) of the owner/applicant. Include a recent Balance Sheet and Income Statement (Profit/Loss). (Must reflect adequate capital in accordance with Section 2228(a), Title 5 of the Delaware Code). **OTHER** – Please provide the following information: 11. a. Type of formation: b. Date of formation:

d. Attach a list of all principals of the applicant including full names, residence addresses, businesses addresses, date of birth and percentage of ownership of the applicant (if any).

City County of State

c. Place of formation:

- e. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.
- f. Detailed business and recent personal financial statements (within the last six months) of the owner/applicant. Include a recent Balance Sheet and Income Statement (Profit/Loss). (Must reflect adequate capital in accordance with Section 2228(a), Title 5 of the Delaware Code).

#### **ALL APPLICANTS:**

18.

Check one:

| 12. | 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 of this State or another business authorized to transact business in this State <b>provided the designee is located in Delaware</b> 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 <b>provided the designee is located in Delaware</b> in accordance with Section 371(b)(2), Title 8 of the Delaware Code.                    |
|     |     | Name, street address and telephone number of registered agent:  |
|     |     |   |
|     |     |   |
| 13. |     | ve you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever en arrested, indicted or convicted of a criminal offense? Yes No  |
| 14. |     | ve you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever ed any alias or been known by any other name? Yes No  |
| 15. | you | s the applicant company, you or any owner, officer, director, partner, member, principal, employee or agent of ur organization ever had any license denied, suspended, or revoked or denied access to any lending programs ach as FHA, VA or HUD) or has any state taken any disciplinary actions of any type? Yes No |
| 16. | pho | the answer to 13, 14 or 15 is "Yes", attach a schedule giving details. If the answer to 15 is "Yes", please include otocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, vocation Order, Reinstatement Order, etc.).   |
| 17. |     | he person who subscribes to this application cannot swear to the truth on behalf of any individual listed in 13 ough 15, attach an affidavit by such individual.  |

Submit a detailed business plan describing the lending activities in which the applicant intends to engage in Delaware (i.e., types of loans offered, terms, where Delaware business will be conducted, number of employees, marketing, etc.) If you intend to conduct business other than lending at the same licensed location(s), please

provide a detailed description of that business activity. (Attach separate document).

\_\_\_\_\_ Applicant will sell all loans within 120 days of closing, without recourse.

What will be the maximum loan amount: \$\_\_\_\_\_

\_\_\_\_\_ Applicant will maintain a portfolio of closed loans

| 19. | Yes No                            | oducts other than credit life and A&H                                     | Insurance?  |
|-----|-----------------------------------|---|---|
|     | * <b>*</b>                        | 1   | of all letters from this office (there should be one roducts in accordance with Section 5.2 of  |
| 20. | Is applicant familiar with Yes No | all applicable statutes and regulations i                                 | including all required reports and their schedules?   |
| 21. | Please read and sign the          | following:  |   |
|     | license annually, we will         | also be assessed an annual Supervisioned outside of the State of Delaward | nderstand that in addition to renewing this ory Assessment Fee of not less than \$1,000.00 if e, or \$500.00 if our loan files are maintained |
|     | (Name)                            | (Title)   | _   |
|     | (Signature)                       |   | _   |

- 22. Attach a list of other states in which the applicant is transacting business (licensed, unlicensed, pending), and the nature of business transacted. Submit the name of the regulatory authority, address, telephone number and contact name and email address for each state listed.
- 23. <u>BUSINESS REFERENCES:</u> We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be a CPA, a law firm/attorney, bank or other type of business. (One letter must be from a bank). Each letter must refer to the applicant, not an individual within the company.

<u>PLEASE NOTE</u>: 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, 1110 Forrest Avenue, Dover, DE 19904, Attention: Licensing Department.

Copies of the applicant's letters/emails 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.

#### 24. **SURETY BOND**:

a. Applicant must provide an original surety bond in accordance with the requirements of Regulation No. 2204. The bond shall run to the State of Delaware for a period commensurate with the license or be continuous, and shall be conditioned that the licensee shall comply with Chapter 22, Title 5 of the Delaware Code. Please use the bond form available at:

https://banking.delaware.gov/wp-content/uploads/sites/73/2017/02/llbond.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, the applicant may provide an original Irrevocable Letter of Credit in accordance with Section 2208(b), Title 5 of the Delaware Code, and <u>Regulation No. 2204</u>.
- 25. Copies of all documents to be used in the conduct of the applicant's business in this state must be submitted **with** this application.

#### 26. **FEES:**

A non-refundable investigation fee of \$250.00 per location to be licensed must accompany this application. Upon approval and prior to issuance of a license, a license fee of \$250.00 per location to be licensed must also be remitted. Please make checks payable to State of Delaware.

NOTE: Upon approval, in addition to the required licensing fee(s), applicant intending to make short term consumer loans, as defined in Section 2227, Title 5 of the Delaware Code and title loans as defined in Section 2250, Title 5 of the Delaware Code, will be required to pay a surcharge in the amount of \$1,500.00 per location(s) to be licensed before receiving license(s).

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 by another principal and notarized. In case of an applicant 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, in my role as principal of said applicant, 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

| Name of Applicant:                     |        |                        |
|--|--------|------------------------|
|  |        |                        |
| (Signature)                            | -      |                        |
| (Print Name)                           | _      | CORPORATE SEAL         |
| (Title)                                | -      | If no seal, check here |
| (Date)                                 | _      |                        |
| (Signature)                            | _      |                        |
| (Print Name)                           | _      |                        |
| (Title)                                | _      |                        |
| (Date)                                 | _      |                        |
|  |        |                        |
| Subscribed and sworn to before me this | day of | , 20                   |

NOTARY SEAL

#### IMPORTANT NOTICE TO ALL RESIDENTIAL MORTGAGE LENDERS AND ORIGINATORS

The Financial Crimes Enforcement Network (FinCEN) issued a final rule requiring residential mortgage lenders and originators to establish anti-money laundering (AML) programs and report suspicious activities (SARs) under the Bank Secrecy Act (BSA). The rule was effective April 16, 2012, and the compliance date was August 13, 2012.

The final rule requires non-bank residential mortgage lenders and originators to establish AML programs and file SARs. The AML requirements include:

- Policies, procedures and internal controls based on the company's risk assessment associated with its
  products and services. Mortgage lenders and originators should integrate agents and brokers into its AML
  program and obtain all relevant customer related information necessary for an effective AML program.
- Designate a compliance officer.
- Provide for on-going training for appropriate persons concerning their responsibilities under the AML program.
- Provide for independent testing to monitor and maintain an adequate program. Mortgage lenders and originators must file SARs thirty (30) days from detection, if it is \$5,000 or more and must retain the documentation for five years.

A determination of compliance with these new requirements will be part of examinations by this office. More information regarding the final rule and the requirements can be obtained at <a href="https://www.FinCEN.gov">www.FinCEN.gov</a>.

By signing below, the principal of the applicant indicates he/she is familiar with the above described requirements and that the applicant and its originators are prepared to comply.

| (Signature)  |      |      |
|--------------|------|------|
| (Print Name) | <br> |      |
| (Title)      | <br> |      |
| (Date)       | <br> | <br> |

| To be read and signed by all applicants intending to engage in the business of making short term consumer |
|---|
| loans (aka payday loans) as defined in Section 2227(7), Title 5 of the Delaware Code.                     |

| By signing below, the principal of the applicant confirms that he/she has read and is familiar with Section 2235A, |
|--|
| 2235B and 2235C, Title 5 of the Delaware Code (effective January 1, 2013) and that the applicant is prepared to    |
| comply with the requirements of those sections.  |

| (Signature)  |   |
|--|---|
| (Print Name)   |   |
| (Title)  |   |
| (Date)   |   |
| To be read and signed by applicants intending defined in Section 2250(4), Title 5 of the Delay | g to engage in the business of making short term title loans as ware Code.  |
|  | confirms that he/she has read and is familiar with Subchapter V, ing title lending, and that the applicant is prepared to comply with the |

(Signature)

(Print Name)

(Title)

(Date)

#### **AUTHORIZATION AND RELEASE**

| (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 person listed below, by and through

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,(Person with authority to submit application        | , hereby certify that I have given a copy of | f this Authorization   |
|---|--|------------------------|
| (Person with authority to submit application          | n)   |                        |
| and Release to each of the following persons:         | :  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
| and each such person has explicitly authorize person. | ed and appointed me as an agent to execute   | this document for that |
| •   |  |                        |
|   |  |                        |
| •   | Signature of Authorized Person               | _                      |
| State of:   |  |                        |
| County of:  |  |                        |
|   |  |                        |
| Subscribed and sworn to before me this _              | day of, 20                                   | ·                      |
|   |  |                        |
|   |  |                        |
| NOTARY PUBLIC   |  |                        |

**NOTARY SEAL** 

# LICENSED LENDERS

| Name of Applicant:          |                                       |                              |   |
|-----------------------------|---------------------------------------|------------------------------|---|
| EMPLOYER IDENTIFICA         | TION NUMBER:                          |                              |   |
| A contact and all requested | information must be provided for each | of the following categories: |   |
| Supervisory Assessment:     |                                       |                              |   |
|                             | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax #                        |   |
|                             | Mailing Address                       |                              |   |
| License Renewal:            |                                       |                              |   |
|                             | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax#                         |   |
|                             | Mailing Address                       |                              | - |
| Examination:                |                                       |                              |   |
|                             | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax #                        |   |
|                             | Mailing Address                       |                              |   |
| Complaints:                 |                                       |                              |   |
| •                           | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax #                        |   |
|                             | Mailing Address                       |                              |   |
| Public Contact:             |                                       |                              |   |
|                             | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax#                         |   |
|                             | Mailing Address                       |                              | - |
| MLO License Renewal:        |                                       |                              |   |
|                             | Name and Title                        | Telephone #/Ext. #           |   |
|                             | Email Address                         | Fax #                        |   |
|                             | Mailing Address                       |                              |   |

# **BUSINESS SURVEY**

| Licensee:   |
|---|
| Please indicate the types of lending in which your company engages under your Delaware Licensed Lenders license: (Check all that apply and return with your completed renewal application)  |
| Purchase Money Mortgages up to 80% Purchase Money Mortgages up to 100% Piggyback/Purchase Money (closed simultaneously) Construction/Permanent Mortgage Refinance Loans up to 80% Mortgage Refinance Loans more than 80% but not more than 100% Mortgage Refinance Loans up to 125% Equity Loans (closed end) up to 125% Equity Loans (closed end) up to 125% Equity Loans (closed end) up to 125% Equity Loans (open end) up to 125% Equity Loans (open end) up to 125% Equity Loans (open end) up to 100% Equity Loans (open end) up to 125% Loan Brokerage Refund Anticipation Loans Reverse Mortgages HOEPA Loans Negative Amortization Loans (if more than 1 product describe below) Short Term Consumer Loans (\$1,000 or less, repayment period of less than 60 days) Unsecured Consumer Loans (repayment period of more than 60 days, not secured by real property or motor vehicle) Consumer Loan, secured by motor vehicle title (repayment terms of 181 days or more) Title Loans Loans for the purchase of motor vehicle (not on retail sales contracts) Purchase of distressed closed loans (no origination or refinancing) Other: |
| SUBPRIME List your subprime products, if not listed above. If listed above, place an asterisk beside each of your subprime products   |