

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

**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
------------	----------------------------	---------	---------------

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.

Address	City	State	Zip Code	Telephone #
---------	------	-------	----------	-------------

(Must be consistent with current address on record)

4. Additional licensed locations being renewed. If additional space is required, attach list.

Address	City	State	Zip Code	Telephone #
---------	------	-------	----------	-------------

Address	City	State	Zip Code	Telephone #
---------	------	-------	----------	-------------

Address	City	State	Zip Code	Telephone #
---------	------	-------	----------	-------------

Address	City	State	Zip Code	Telephone #
---------	------	-------	----------	-------------

(Must be consistent with current addresses on record):

5. 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:

6. Licensee is formed as a:

Corporation Partnership Sole Proprietorship
 LLC Other (provide type) _____

State of Formation: _____ Date of Formation: _____

7. (a) Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management etc.) of the business including full name, title, residential address, business address, date of birth, and, if a director, the date term expires.
- (b) Personal resumes and personal financial statements for all **new** principals (including senior management) of the business 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 Balance Sheet and not more than six months old. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
8. 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. If the licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
9. Please provide an updated list of managers of all locations to be licensed. Provide the resume of any location manager hired or promoted after last year’s renewal was submitted (or during 2023). Personal resumes should include a detailed work history.
10. Please provide a recent Balance Sheet (must reflect adequate capital) and Income Statement (Profit/Loss) for the licensee (within the last six months). **PLEASE NOTE:** Owners of sole proprietorships must also provide detailed personal financial statements.
11. If the licensee’s capital stock is owned in whole or in part by a parent company, a recent Balance Sheet and Income Statement (Profit/Loss) must be submitted for the parent (within the last six months).
12. Please submit a detailed Delaware business plan (types of products offered, where Delaware business is conducted, number of employees, marketing, etc.).

13. **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, 2024 (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, 2026 (or later).
- _____ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2026 (or later).
- _____ e) Attached is a brand new, original surety bond valid through and including December 31, 2024 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2026.
14. 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 _____
15. 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 _____
16. 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 _____
17. If the answer to questions 14, 15, or 16 is “yes”, please attach a separate page giving details. If the answer to 14 **and/or** 16 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.).
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.
- (b) 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.**
- (c) 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 as “Renewal Fee.”
- **Applications received on or before the December 1, 2023, 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(s) where loan files and other records will be kept for examination purposes:

21. Address(s) where actual examination will be conducted:

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.

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_____.

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 #/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 Renewal Contact:

(Manufactured Housing
Only)

Name and Title Telephone #/Ext. #

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

Contact Name, Title, Phone Number and Date