

FOR OFFICE USE ONLY

License Fee: \$ _____

Check No.: _____

Receipt No.: _____

**STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
1110 Forrest Avenue
Dover, DE 19904**

REQUEST FOR ADDITIONAL LOCATIONS

**MOTOR VEHICLE SALES FINANCE COMPANY LICENSE
(Chapter 29, Title 5, Del.C.)**

PLEASE TYPE:

1. Name of Applicant: _____

E.I. or S.S. #: _____

2. Address of principal office where business is to be conducted:

No. & Street

City County State Zip Code

3. Additional locations currently licensed:

4. Additional offices applied for (including telephone numbers):

5. Address where loan files and other records will be kept:

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** the 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 any alias or been known by an other name?
Yes _____ No _____
10. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, or revoked?
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*. Checks should be made payable to the Office of the State Bank Commissioner.

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

Full Licensee 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 has one, please attach an explanation.**

Signed: _____
Principal Officer

Sworn to and subscribed before me this _____ day of _____, 2____.

Signature of Notary Public

My commission expires: _____

NOTARY SEAL