N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625

APPLICATION INSTRUCTIONS
CONSUMER LENDER
SALES FINANCE COMPANY

NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED

All applications submitted to this office MUST be complete and include all fees, documents and attachments. Any incomplete application will not be accepted for processing and will be returned in its entirety. The normal processing time is 60 days from the date a complete application is filed. Therefore, all applications should be submitted well in advance of any date you intend to commence business.

ALL APPLICANTS

1. Indicate the license type for which this principal office application is being submitted in the box provided.
2. Answer all questions. If a question is not applicable to you or if the answer is none, type or print N/A or NONE. Any question with a "yes" response requires a detailed explanation. Failure to provide adequate information will cause the application to be returned to you. Please refer to our website www.state.nj.us/dobi for a specific listing of what is required.
3. Insert on line #1, the complete name of the entity exactly as it appears in your incorporation/formation papers as filed with the NJ Division of Revenue, Dept of Treasury. If a sole proprietorship or partnership, the person's name or the name of the partnership.
4. If you wish to receive mail at an address other than the proposed address to be licensed, please provide an alternate mailing address in the space provided in #4 on the application.
5. Application must be properly notarized, signed and dated by: (1) corporate president and secretary, if a corporation; (2) managing member and witness, if a limited liability company; (3) member of the partnership and a witness, if a partnership; or (4) the sole proprietor and a witness, if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporation applicant. Signatures must be witnessed by a notary public or attorney.

FINGERPRINTING

All candidates will be required to complete a fingerprinting process as a condition of securing a Consumer Lender license or a Sales Finance Company license. This requirement affects all applicants for sole proprietorship licenses as well as officers, directors, members, partners, and substantial stockholders of corporations, limited liability companies and partnerships seeking a Consumer Lender license or Sales Finance Company license. For those persons who do not live, work or go to school in New Jersey or live, work or go to school within ten (10) miles of any New Jersey border, refer to the special fingerprinting instructions on the website.

LICENSED PREMISES

Applicants must attach a New Jersey Certification of Office Suitability for In-State Office Location **or** a Certification of Office Suitability for Out-Of-State Office Location, whichever is applicable, for the location to be licensed.

BRANCH OFFICES

To license additional locations, whether in-state or out-of-state, you must file a separate branch office application(s). The branch application is not part of this application packet. It must be downloaded from the website.

ATTACHMENTS

REGISTRATION DOCUMENTS

You must submit a copy of your **Certificate of Incorporation/Formation** bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the **Certificate of Authority to do Business in New Jersey** bearing the dated filing stamp of the Treasurer of the State of New Jersey. Limited Liability Companies must also submit a copy of their operating agreement. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the **Trade Name Certificate** bearing the dated filing stamp of the County Clerk's office of the county in which their business is located.

Attach a copy of the **Alternate Name Certificate** bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.

FINANCIAL STATEMENT

Consumer Lender: All applicants must submit an **unqualified, audited** financial statement prepared by a Certified Public Accountant or a Public Accountant. The statement must demonstrate that the entity applying has a minimum net worth to satisfy the statutory requirement of $100,000. In addition, consumer lender applicants must demonstrate a minimum in liquid assets of $100,000. The net worth and liquid asset requirements are not cumulative.
Sales Finance Company: All applicants are required to submit a financial statement but it does not need to be an audited statement. **Note: all applicants including newly formed companies are required to submit the appropriate financial statement.**

PERSONAL CERTIFICATION

You must submit a completed personal certification for all officers, directors, substantial stockholders, partners or owners. The following information is provided for clarification: (1) Officers include at a minimum: Chief Executive Officer, President, Chief Operations Officer, Chief Financial Officer/Treasurer/Comptroller, Secretary, any specific Officer responsible for the New Jersey business operations; (2) substantial stockholder is an owner of ten (10) percent or more of the stock.

FINGERPRINTING

Attach evidence of the completion of the fingerprinting process for each officer, director, member and substantial stockholder/key shareholder/owner (see above for those to be included). Evidence of completion of the fingerprinting process MUST include: (1) copy of the individual's completed Universal Form; and (2) a copy of the payment receipt issued by MorphoTrak, the fingerprint LiveScan vendor, at the time of completion of the LiveScan printing. For more information on the fingerprinting process, refer to the special fingerprinting instructions included on the website.

RECORD RETENTION

Complete the OUT-OF-STATE AGREEMENT if you wish to maintain records at a location not within the State of New Jersey.

NON-REFUNDABLE APPLICATION FEES

APPLICANT	One License Type	Two License Types
Corporation, Limited Liability Co, Partnership, Sole Proprietor, Other Entities	**$700.00**	**$1,000.00**
Branch Office	**$700.00**	**$1,000.00**

Questions concerning this application may be directed to Bliconline@dobi.state.nj.us or to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Return application by regular mail to:

NJ Department of Banking & Insurance
Licensing Services Bureau, Banking
P.O. Box 473
Trenton, NJ 08625

If using an express mail service send to:

NJ Department of Banking & Insurance
Licensing Services Bureau, Banking
20 W. State St. – 8th Floor
Trenton, NJ 08608

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE

LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

LICENSE APPLICATION

NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED

INDICATE TYPE OF LICENSE:

☐ **Consumer Lender** ☐ **Sales Finance Company**

THIS APPLICATION IS FILED BY A: ☐ **Corporation** ☐ **Sole Proprietor**

☐ **Partnership** ☐ **Limited Partnership** ☐ **Limited Liability Company**

TYPE OR PRINT CLEARLY

1. Name of applicant:_____

   D/B/A or Trade Name (if applicable)_____

2. Principal Business Address:_____

   _____

   Contact Person_____ Tel. No._____

   E-mail address **(Required)**_____

3. Federal Tax Identification No._____

4. Alternate mailing address, if different from address to be licensed:

   _____
   Address

   _____
   Person to Contact Telephone No.

5. Officer/Member/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholder/Member information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER-SHIP	BUSINESS ADDRESS

8. Name and business address of the registered agent in this State _____
_____

9. Date of incorporation/formation: _____

10. Place of incorporation/formation: _____in the County of _____State of _____

11. Date of authorization to do business in New Jersey _____(applicable to foreign corporations). Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, members, directors, partners, owners or substantial stockholders over 18 years of age? Yes ___ No ___. Are all of the officers, members, directors, partners, owners or substantial stockholders citizens of the United States? Yes _____ No _____.

13. Is the applicant or any officer, member, director, partner, owner or substantial stockholder now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____

14. Has the applicant or any officer, member, director, partner, owner or substantial stockholder had any fines or penalties levied in this state, any other state, or federal jurisdiction? Yes _____ No _____

15. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been arrested, indicted, convicted or pleaded "nolo contendere" to any offense, crime or misdemeanor (other than a motor vehicle violation) in this state, any other state, or by the federal government? Yes ____ No _____ **If "yes", complete an ARREST FORM found on www.state.nj.us/dobi**

16. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____

17. Has the applicant or any officer, member, director, partner, owner or substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____.

18. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____.

19. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes ____No ____. Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant's or licensee's financial health and would be required to be referenced in that entity's annual audited financial statements, reports to shareholders or similar documents.

SOLE PROPRIETOR ONLY

20. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes _____ No _____
MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.

For "No" response to either question contained in Question 12, refer to the website for an explanation of supporting documentation requirements.

For "Yes" responses to Questions 13 thru 20, refer to the website for an explanation of supporting documentation requirements.

Failure to provide the specific information requested will cause the application to be returned to you.

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purposes. The authority to compel disclosure of Social Security Numbers is established at P.L. 1996, c.7 and N.J.A.C. 3:1-20.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

CORPORATE SEAL
(if applicable**)**

_____
(Print Name of Applicant)

_____
(Signature of Corporate President, Member, Partner or Sole Proprietor)

Signed, sealed and delivered in
the presence

Attest: _____
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

_____

this _____day of_____20_____

_____

_____
(Official Title)

CL&SFAPP412

Individual completing form check below:

Officer/Partner/Member/Owner_____
Director _____
Stockholder _____
Employee _____

PERSONAL CERTIFICATION

(This blank form may be reproduced)

1. Name _____

2. Residence Address _____

3. Business Address _____

4. Date of Birth _____Place of Birth _____

5. Telephone No. (_____)_____Social Security Number_____
   NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

6. Employment History for Five Year Period Preceding the Date of This Application

Date **(Include present employment as well as preceding five years)**

From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes _____ No _____. Are you a citizen of the United States? Yes_____ No_____. If no, in what country do you hold citizenship? _____.

8. Have you ever been arrested, indicted, convicted or pleaded "nolo contendere" to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes_____ No_____ **If "yes", complete ARREST FORM found on www.state.nj.us/dobi.**

9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes_____ No_____

10. Have you been involved in any material litigation during the five-year period prior to application? Yes_____ No_____

11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____

12. Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____

13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes_____ No_____

14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes_____ No_____.

15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes_____ No____
    Are you in arrears on such obligations for a period of six months or more? Yes_____ No_____.

For "No" response to either question contained in Question 7, refer to the website for an explanation of supporting documentation requirements.
For "Yes" responses to Questions 8 thru 15, refer to the website for an explanation of supporting documentation requirements. Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

_____
Print Name

_____
Signature

_____
Title

_____
Date

Subscribed and sworn to before me

On this_____ day of

_____, 20_____

_____
Title

PERSCERT811

State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU - BANKING
PO BOX 473
TRENTON, NJ 08625-0473

TEL (609) 292-7272

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

KENNETH E. KOBYLOWSKI
Acting Commissioner

NEW JERSEY CERTIFICATION OF OFFICE SUITABILITY FOR SALES FINANCE/CONSUMER LENDER IN-STATE OFFICE LOCATION

The commissioner shall consider the following factors in determining whether a location in New Jersey at which there is direct contact with New Jersey consumers is suitable:

1. The location shall have a space that may only be utilized for the purposes of the licensee's business and by the licensee and its employees, structured in such a way as to ensure the maintenance of a consumer's right to privacy with respect to conversations and documents involving personal and financial information;
2. The location shall conform to all local ordinances and zoning requirements;
3. The location shall be reasonably accessible to the public;
4. The location shall be reasonably free of noise and other distractions so as to permit customers to give appropriate consideration to the loan transaction; and
5. In addition, a location in a residence shall not be considered suitable unless the office is separate from the residential area and conveniently accessible to all consumers through a separate business entrance.

This is to certify that we have reviewed the Department of Banking and Insurance office requirements stated above. We further certify that the proposed business address conforms to all the office requirements identified above.

_____ _____
NJ Reference No. (Address – City, State, Zip, County)

_____ _____
(Name of Applicant) (Print Name of Corp Pres/Member/Sole Proprietor)

_____ _____
(Date) (Signature of Corp Pres/Member/Sole Proprietor)

Subscribed and sworn to before me at

_____

this _____day of _____20____

_____
(Official Title)

SFCLNJOffSuitCert911

State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU - BANKING
PO BOX 473
TRENTON, NJ 08625-0473

TEL (609) 292-7272

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

KENNETH E. KOBYLOWSKI
Acting Commissioner

NEW JERSEY CERTIFICATION OF OFFICE SUITABILITY FOR SALES FINANCE/CONSUMER LENDER OUT-OF-STATE OFFICE LOCATION

The Commissioner shall consider the following factors in determining whether an out-of-State location at which there is direct contact with New Jersey consumers is suitable:

1. The location shall ensure the maintenance of a consumer's right to privacy with respect to conversations and documents involving personal and financial information; and
2. The location of the out-of-State office shall comply with all applicable Federal, State and local laws in the state where the office is located.

This is to certify that we have reviewed the Department of Banking and Insurance office requirements stated above. We further certify that the proposed business address conforms to all the office requirements identified above.

_____ _____
NJ Reference No. (Address – City, State, Zip)

_____ _____
(Name of Applicant) (Print Name of Corp Pres/Member/ Sole Proprietor)

_____ _____
(Date) (Signature of Corp Pres/Member/Sole Proprietor)

Subscribed and sworn to before me at

_____

this _____day of _____20____

_____
(Official Title)

SFCLNotNJOffSuitCert911

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
DIVISION OF BANKING

AGREEMENT CONCERNING THE MAINTENANCE OF RECORDS AT AN IN-STATE LOCATION

This Agreement between the New Jersey Department of Banking and Insurance (NJDOBI) and _____(Licensee) which is duly licensed pursuant to the N J CONSUMER FINANCE LICENSING ACT, N.J.S.A. 17:11C-1 *et seq.* is hereby entered into between the parties to govern the examination of records pertaining to the business of the Licensee conducted pursuant to the Act and required to be maintained by the Licensee.

The parties hereby agree that:

1. A licensee is required to keep its records available to be examined by the NJDOBI at the place or places specified below.

2. The Licensee has requested in writing to be allowed to keep its records in New Jersey at a site other than that specified by law.

3. The NJDOBI agrees that the Licensee may keep its records at the following site located in New Jersey:

   _____
   _____
   _____

4. The Licensee agrees, in return for being permitted to keep the records at the site specified in #3 above, that the NJDOBI may elect:

   a) to have the Licensee produce the records, which the NJDOBI shall designate, at a site in this state, which the NJDOBI shall designate, and that the Licensee shall be charged for the examination as for other in-state examinations; or
   b) to examine the records at the site specified in #3, and that the Licensee shall be charged for the examinations as for other in-state examinations.

5. The above Licensee shall not move the records from the site specified in #3 without permission from the NJDOBI. Where the records are moved pursuant to this subsection, this agreement shall continue in full force and effect, except for the change in the address set forth in #3 above.

6. The above Licensee agrees that the NJDOBI may seize the records at any in-state site in the same manner, and for the same reasons, that such records could be seized if they were kept at the site specified by law.

7. The Licensee further agrees to the following condition(s):

RECORDS TO BE PRODUCED WITHIN THREE (3) BUSINESS DAYS OF THE REQUEST OF THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

8. The NJDOBI reserves the right to rescind this agreement at any time upon notice to the Licensee. Within sixty days of receipt of notice, the Licensee shall comply with the recordkeeping requirements in effect at the time.

For the Licensee:	For the NJDOBI:
_____	_____
Print Name & Title	Print Name & Title
_____	_____
Signature	Signature
_____	_____
Date	Date

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
DIVISION OF BANKING, OFFICE OF CONSUMER FINANCE

AGREEMENT CONCERNING THE MAINTENANCE OF RECORDS AT AN <u>OUT-OF-STATE LOCATION</u>

This Agreement between the New Jersey Department of Banking and Insurance (NJDOBI) and _____(Licensee) which is duly licensed pursuant to the N J CONSUMER FINANCE LICENSING ACT, N.J.S.A. 17:11C-1 *et seq.* is hereby entered into between the parties to govern the examination of records pertaining to the business of the Licensee conducted pursuant to the Act and required to be maintained by the Licensee.
The parties hereby agree that:

1. A licensee is ordinarily required to keep its records available to be examined by the NJDOBI at its licensed location in this State.

2. The Licensee has requested in writing to be allowed to keep its records in a state other than New Jersey.

3. The NJDOBI agrees that the Licensee may keep its records at the following site located outside of New Jersey:

   _____
   _____
   _____

4. The Licensee agrees, in return for being permitted to keep the records at the site specified in #3 above, that the NJDOBI may elect:

   a) to have the Licensee produce the records, at a site in this State, which the NJDOBI shall designate; or
   b) to examine the records at the out-of-state site specified in #3, or at some other mutually agreeable out-of-state site

5. The above Licensee shall not move the records from the site specified in #3 without permission from the NJDOBI. Where the records are moved pursuant to this subsection, this agreement shall continue in full force and effect, except for the change in the address set forth in #3 above.

6. The above Licensee agrees that the NJDOBI may seize the records at any out-of-state site in the same manner, and for the same reasons, that such records could be seized if they were kept in-state.

7. The Licensee further agrees to the following condition(s):

   RECORDS TO BE PRODUCED WITHIN THREE (3) BUSINESS DAYS OF THE REQUEST OF THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

8. The NJDOBI reserves the right to rescind this agreement at any time upon notice to the Licensee. Within sixty days of receipt of notice, the Licensee shall comply with the recordkeeping requirements in effect at the time.

For the Licensee:

_____
Print Name & Title

_____
Signature

_____
Date

For the NJDOBI:

_____
Print Name & Title

_____
Signature

_____
Date