



State of Rhode Island
Department of Business Regulation



Division of Banking
1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9559
e-mail address: bankinquiry@dbr.state.ri.us

UNIFORM APPLICATION FOR SMALL LOAN LENDER LICENSE

Dear Applicant:

The State of *Rhode Island* is among several states that have adopted the Uniform Small Loan Lender License Application (Form SLLU1), which is modeled after the Uniform Mortgage Lender/Broker License Application (Form MU1), and the Uniform Mortgage *Control Persons* Information (Form MU2). In addition to the attachments required in the accompanying Form SLLU1 and Form MU2 instructions, state-specific requirements as explained in this package must also be attached and submitted to the *Rhode Island Division of Banking*. **This application form may only be used to apply for a Small Loan Lender License.**

For each *application* filed, applicant must execute a Power of Attorney, unless exempt pursuant to R. I. Gen. Laws § 19-14-10, as amended, and submit a Power of Attorney Filing Fee of Twenty-Five Dollars (\$25).

A non-refundable investigation fee of Two Hundred Seventy Five Dollars (\$275) for each Small Loan Lender *Application* is required. **IF THE APPLICATION IS APPROVED**, an annual license fee for each license approved shall upon request of the *Division of Banking* be paid pursuant to R. I. Gen. Laws § 19-14-4.

All information and documentation requested must be submitted concurrently, pursuant to R. I. Gen. Laws § 19-14-8. If, within sixty (60) days of the initial filing of the application, the applicant has failed to provide the necessary factual data in order to complete the application, the director or the director's designee shall notice the applicant, by certified mail, that the application shall be considered in default and rejected if all necessary data for a completed application is not received by the Division of Banking ("Division") on or before the date specified in the notice unless the applicant files with the Division written notice that the application has been withdrawn.

If this application was received more than six (6) months before the expected filing date please contact this office to confirm that the forms provided are still in use. Any questions regarding this application or the applicable bond, should be directed to the Licensing Examiner at (401) 222-2405.



Division of Banking

UNIFORM LICENSE FORMS
STATE SPECIFIC REQUIREMENTS
bankinquiry@dbr.state.ri.us

Form SLLU1 – Uniform Small Loan Lender Form

The State of *Rhode Island* is among several states that have adopted the Uniform Small Loan Lender License Application (Form SLLU1) and the Uniform *Control Persons* Information (Form MU2). In addition to the attachments required in the Form SLLU1 and Form MU2 instructions, send the following state-specific requirements to the *Rhode Island Division of Banking*.

1. **APPLICATION FEE** – Remit a check in the amount indicated below payable to “The General Treasurer, State of Rhode Island” in the amount of \$275.00.
2. **FINANCIAL RESPONSIBILITY**- Provide a financial statement **signed by an authorized officer of applicant** for the proposed licensed business prepared and dated **not more than sixty (60) days** prior to the application date showing assets, liabilities and net worth, prepared in accordance with **Generally Accepted Accounting Principles**. Each licensee must maintain minimum net worth in the amount of \$25,000.00.
3. **SURETY BOND**- Provide a bond on the form provided, **executed by a SURETY COMPANY** licensed to do business in Rhode Island, in the amount as indicated below. The bond form should be photocopied as necessary. The bond must be issued to the *applicant* as stated in the response to question two (2) of page one (1) of the application showing the address of the proposed licensed main office. If the *applicant* will be using a d/b/a, the bond should be executed as "[Applicant] d/b/a [Name to be Used]". The bond must contain original signatures of both an officer of the *Applicant* and a Representative of the Surety and include a surety power of attorney for the individual signing on behalf of the surety.

MINIMUM BOND REQUIREMENTS

<i>Applicants</i>	\$10,000.00
Each Branch Office of <i>Applicant</i>	\$ 5,000.00

NOTE: Any bond executed pursuant to this application shall be retained by the Division of Banking, after the surrender or revocation of the applicable license or the cancellation of said bond, for a period of time sufficient to exhaust the statute of limitations for causes of action related to the licensed activities of the applicant.

4. **DESIGNATIONS/REGISTERED AGENTS** - Provide the information requested below for the attorney in Rhode Island, other than the manager or an official of the *applicant*, or company who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

5. **DESIGNATIONS/REGISTERED AGENTS –ENDORSEMENT OF INSURANCE CLAIM**

CHECKS- Provide the information requested below for the *person* located in Rhode Island that the *applicant* has designated as its resident agent with authority to endorse insurance claim checks on behalf of the *applicant* pursuant to R. I. Gen. Laws §§ 5-38-26 and 27-5-3.3. This requirement is applicable whether or not the *applicant* will service loans funded with ownership retained. This requirement does not apply to *applicants* whose loans will be sold upon funding or to *applicants* that do not make loans secured by insurable collateral.

Name _____
Street Address _____
City, State, Zip _____
Telephone Number _____

6. **SECRETARY OF STATE DOCUMENTATION** - If a corporation, provide a certified copy of the corporate charter or articles of incorporation, a Certificate of Authority or a Certificate of Good Standing dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State**, and a certified copy of the corporate by-laws.

If a limited liability company, provide a copy of articles of organization, a Certificate of Good Standing or a Certificate of Registration dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State**, and a certified copy of the operating agreement.

If a partnership, provide a certified copy of the Articles of Partnership or Association, and if a limited partnerships provide a Certificate of Limited Partnership from the Rhode Island Secretary of State, and if a general partnerships provide a Certificate of General Partnership from the City or Town in which the partnership is registered.

A Power of Attorney, pursuant to R. I. Gen. Laws § 19-14-10, on the form provided naming the registered attorney for the service of process as shown on question number 5 and a **\$25 filing fee**. *(CORPORATIONS THAT HAVE COMPLIED WITH THE PROVISIONS OF CHAPTER 1.2 OF TITLE 7, AND LIMITED PARTNERSHIPS OR LIMITED LIABILITY COMPANIES THAT HAVE COMPLIED WITH THE PROVISIONS OF CHAPTERS 13 AND 16, RESPECTIVELY, OF TITLE 7, ARE EXEMPT FROM THE POWER OF ATTORNEY FILING.)*

7. **CONTROL PERSONS** – A *control person* also includes any person designated as the manager of a licensed office or of a branch office of the *applicant*. Information for any person designated as a manager of a licensed office or a branch office must be entered on Form SLLU1 Schedule A along with a completed Form MU2.

8. **NON-CONSUMER FINANCE BUSINESS / SHARING OF OFFICE SPACE** – Provide a response to the following questions:

a. Will *applicant* engage in any non-consumer finance business at the proposed licensed location?
YES NO

If “yes”, attach an explanation of the non-consumer finance business.

b. Will the *applicant* occupy or share space with any person(s) engaged in financial services-related activity or any person engaged in any non-consumer finance business at the proposed licensed location?
YES NO

If “yes”, provide the names of the other person(s).

If the above is not applicable, because neither (a) or (b) apply indicate by checking Not Applicable below.
Not Applicable:

9. **STATE CERTIFICATION**- *Applicant* must complete Page One (1) of the Certification by Licensing Agency/Supervisory Board document appended to this *application* and forward both Page One (1) and Page Two (2) of the document to each state where the to the *Applicant* is licensed or certified.
10. **BRANCH OFFICES** – *Applicant* must complete and submit Form MU3 for each branch office for which a Branch Certificate is being requested as well as a Form MU2 for the person designated as the branch manager.
11. **NET BRANCH AND/OR NET BRANCH ARRANGEMENTS** - *Applicant* further attests to the fact that *Applicant* has read Banking Bulletin Number 2003-2 entitled Prohibited Net Branches & Net Branching Arrangements and that *Applicant* does not and will not transact the business under the license requested by this application in any manner which would involve either a net branch or a net branch arrangement, as defined in said Banking Bulletin Number 2003-2.
12. **WHO TO CONTACT** – Contact the Division of Banking licensing staff by phone at (401) 222-2405 or send your questions via e-mail to bankinquiry@dbi.state.ri.us for additional assistance.
13. **DELIVERY INSTRUCTIONS** – Please send completed Form SLLU1, Form(s) MU2, Form(s) MU3, fees, and attachments to the following address:

***State of Rhode Island and Providence Plantations
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920***



**State of Rhode Island
Department of Business Regulation**



*Division of Banking
1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9559*

SMALL LOAN LENDER BOND

Bond Number _____

WHEREAS application has been made to the Director of Business Regulation of the State of Rhode Island and Providence Plantations by:

Name: _____

Address: _____

City, State, Zip: _____

Note: If sole proprietorship, give full individual name and business address. Give trade name if applicable.
If partnership, give full partnership name and business address. Give trade name if applicable.
If corporation or LLC, give full business name and business address and State where organized. Give trade name if applicable.

Hereinafter referred to as "applicant" or "obligor", for a license to conduct, in the State of Rhode Island the business of a lender as provided for by Title 19, Chapters 14 and 14.2 of the General Laws of Rhode Island 1956, as amended.

WHEREAS said applicant is required to execute one bond payable to said State of Rhode Island in the penal sum of Ten Thousand Dollars (\$10,000) plus and additional sum of Five Thousand Dollars (\$5,000) for each branch location from which it shall conduct the business provided for by Title 19, Chapters 14 and 14.2 of the General Laws of Rhode Island 1956, as amended, and file the same with the Director of Business Regulation.

NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS

That said applicant known as, _____
(insert full name)

or as any future name by which said organization shall be known as obligor, and

_____ (insert full name and address of surety)

are held and firmly bound unto the State of Rhode Island and Providence Plantations, for the use of said State and of any person or persons, who may have a cause of action against said obligor of this bond under the provisions of said chapters, in the penal sum of _____ Thousand Dollars (\$ _____) in the aggregate to be paid unto said State of Rhode Island and Providence Plantations, to which payment well and truly to be made we bind ourselves, our and each of our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS BOND IS SUCH that if the above bounden obligor shall conform to and abide by each and every provision of said Chapters, the title of which is above set forth, and all amendments thereto and all rules and regulations lawfully made by the Director of Business Regulation thereunder, and shall pay to said State and to any such person or persons any and all monies that may become due or owing to said State and/or to such person or persons from said obligor, under and by virtue of the provisions of said Chapters, then this obligation shall be void, but otherwise shall remain in full force and effect.

This bond shall continue in force and effect unless, as to future acts or omissions of the Obligor, it is terminated or cancelled:

- (1) By order of the Director; or
- (2) By the Surety delivering on or before February 28 written notice to said Division of Banking that the same will be cancelled on March 31st. The bond may be cancelled before March 31st upon notice and payment of a Twenty-five Dollars (\$25) Cancellation fee.
- (3) Termination shall not become effective until thirty (30) days after the Division of Banking has received written notice.

Such cancellation shall not affect any liability incurred or accrued hereunder prior to the cancellation of said bond by said Division or termination by Surety, which liability shall continue until the expiration of the applicable statute of limitations for causes of action.

This bond shall take effect on and as of _____, 20__ and shall continue in force until it is terminated or cancelled.

NOTE: Any bond executed pursuant to the license being requested shall be retained by the Division of Banking, after the surrender or revocation of the applicable license, or the cancellation of said bond, for a period of time sufficient to exhaust the statute of limitations for causes of action related to those activities governed by the license being requested. The bond may, however, be returned to the applicant upon withdrawal or denial of the license application.

IN WITNESS WHEREOF we have hereunto set our hands and seals, this _____ day of _____, 20__

Sole Proprietor BY: _____

Partnership/Association Name: _____
(If partnership, each partner must sign)

Partner BY: _____ Partner BY: _____

Corporation Name: _____ BY (Authorized Officer): _____

Surety Name: _____

Surety's Attorney-in-Fact BY: _____



State of Rhode Island
Department of Business Regulation



Division of Banking

1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9559

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name _____

Address _____

City, State, Zip Code _____

I, _____
(Type or Print Full Name and Title)

Maiden Name or Former Name
Of _____
(Type or Print Residence Address, City, State, Zip Code)

having a date of birth of _____ and social security number of _____ hereby voluntarily direct and authorize the Division of Banking of the Department of Business Regulation to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Business Regulation, the employees of the Attorney General's Office and the employees and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions (Additional copies of this form may be reproduced as needed.)

Attach copy of a Photo ID (i.e. Valid Drivers License or ID Card. Attached: []

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name (Type or Print) _____ Title _____

Signature _____ Date _____

Notary Public _____

Notary Seal

My Commission Expires _____, 20 _____



State of Rhode Island
Department of Business Regulation



Division Of Banking

CERTIFICATION BY LICENSING AGENCY / SUPERVISORY BOARD

I - APPLICANT SECTION

Applicant must complete the Applicant Section of this form and forward the entire form (front and back) to the agency / board of each state where it is currently licensed or certified.

1. Applicant's name as it will appear on the License in Rhode Island:	2. Actual name of applicant:
3. Applicant's proposed address and telephone number for the Rhode Island license (include Street, City, Zip Code):	4. Applicant's main address and telephone number (include Street, City, Zip Code):
5. Applicant's Federal Employer Identification Number (FEIN):	6. Type of ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship
7. Name of manager for proposed Rhode Island licensed office:	8. Type of license for which <i>application</i> is being filed:
9. Name of principal owners (Holders of 10% or more of voting stock): _____ _____ _____	

10. Information specific to each state where applicant is currently licensed:

A. Applicant's name in that state:	B. Assumed name or name under which Applicant did or is doing business in that state:
C. Address in that state, if applicable (include Street, City, Zip Code):	D. Issue and expiration date of license, certificate of registration or permit to do business: Issue Date: _____ Expiration Date: _____
E. Type and number of license / registration held in that state: License Type: _____ License Number: _____	

The undersigned hereby authorize the licensing/supervisory agency for the state of _____ to furnish the State of _____ (State Providing Information)

Rhode Island Department of Business Regulation, *Division of Banking*, the information requested in Section II of this form.

Name (please print or type) _____ Title: _____

Signature: _____ Date: _____

II - LICENSING / SUPERVISORY AGENCY SECTION

Please return this completed form to the address at the bottom of this page. Enter N/A in areas not applicable. The Rhode Island Division of Banking will accept other forms of certification provided that all applicable information requested on this form is contained in the Certification. If the type of license in question is issued by a different agency in your state, please forward this inquiry to that agency.

<p>1. Is the Information in Question 10 of Section I accurate?</p> <p align="center">_____ Yes _____ No</p> <p>If no, please print accurate information here:</p>	<p>2. Current Status of License \ Registration:</p> <p align="center">_____ Active _____ Lapsed</p> <p align="center">_____ Other (please explain here:</p>
<p>3. What kind of records, if any, must the company maintain in your state?</p>	

4. Disciplinary Actions

<p>A. Have there been any complaints filed against the aforementioned company in the past three (3) years?</p> <p align="center">___ No ___ Yes</p> <p>If yes, please summarize the complaint and describe the resolution. # Filed _____ # Outstanding _____ Additional sheets may be used if necessary.</p>
<p>Have there been any formal sanctions imposed against the aforementioned company as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, or restriction? _____ No _____ Yes</p> <p align="center">If yes, attach a copy of the disciplinary action</p>
<p>C. The Division of Banking would appreciate additional comments regarding matters, which are not a public record.</p>

I certify that the information contained in Section II herein or attached is true and correct according to the official records of this State.

Print Name

Signature

Agency / Board

Telephone Number

Title

Date

Address (Street, City, Zip Code)

RETURN FORM TO:

State of Rhode Island and Providence Plantations
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920

**UNIFORM SMALL LOAN LENDER FORM
FORM SLLU1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form SLLU1 is the *application* for a Rhode Island Small Loan Lender License only. *Applicants* for a Rhode Island Lender License or a Rhode Island Loan Broker License must file a Form MU1, the Uniform Mortgage Lender/Mortgage Broker business Application.
2. **TERMS USED** – See the following Explanation of Terms section regarding *italicized* words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the *Division of Banking*. The desired effective date is the date *applicant* would like this license to become effective.
5. **AMENDMENTS** – The *applicant* must update information contained in the *application* by submitting amendments to the *Division of Banking* using Form SLLU1. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *applicant* and license number where applicable.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the *applicant's* organization.
7. **SURRENDER / CANCEL**– When an *applicant* decides to cease operations under the license, use the Form SLLU1 to notify the *Division of Banking* by checking the “Surrender/Cancel” box and completing only items 1A, 2 and 3 (indicate specific jurisdiction(s) in which *applicant* is ceasing operations). Send the original license document to the *Division of Banking*. Review R. I. Gen. Laws Title 19, Chapter 14 concerning additional specific requirements at surrender/cancellation.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. Submit a fully completed Form SLLU1 to the *Division of Banking*.
 - B. The Execution section must include a notarized original signature.
 - C. Type all information.
 - D. Use only the current version of Form SLLU1 or a reproduction of the same.
2. **ATTACHMENTS** – Provide the following:
 - A. For future use.
 - B. File Schedules A and B only with the initial *application*. Use Schedule C to update Schedules A and B as needed.
 - C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent is required to be located within the State of Rhode Island.
 - D. File a Form MU2 for each individual designated on Schedules A or C as a *control person*.
 - E. An investigation fee for each *application* made payable to the General Treasurer, State of Rhode Island, as provided in the amount of \$275.00.
 - F. Rhode Island requires separate filings for use of fictitious, trade or “doing business as” name(s).
 - G. If the *applicant* is a corporation, enclose a copy of the Articles of Incorporation, including amendments, as well as a Certificate of Good Standing issued by the domestic state. Rhode Island also requires a Certificate of Good Standing from the **Rhode Island Secretary of State**.
 - H. If the *applicant* is a limited liability company (LLC), enclose a copy of the Articles of Organization and operating agreement as well as a Certificate of Good Standing issued by the domestic state. Rhode Island also requires a Certificate of Good Standing from the **Rhode Island Secretary of State**.
 - I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state. Rhode Island also requires a Certificate of Good Standing from the **Rhode Island Secretary of State**.

- J. If the *applicant* is a sole proprietorship refer to the attached Form SLLU1 State Specific Requirements for additional requirements.
- K. For future use.
- L. Rhode Island requires applicants to complete a Form MU3 for each branch office.

- 3. **FINANCIAL RESPONSIBILITY** – Refer to the attached Form SLLU1 State Specific Requirements for additional specific requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other documentation.
- 4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Refer to the attached Form SLLU1 State Specific Requirements for requirements unique to Rhode Island including applicable fees, records retention, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form SLLU1

1. GENERAL

APPLICANT – The *small loan lender* applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

APPLICATION – Form SLLU1 and addendums.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

SMALL LOAN LENDER– Any *person* engaged in the business of making a loan of less than five thousand dollars (\$5,000.00), not secured by real estate, made pursuant to the provisions of Chapter 19-14.2.

2. FOR THE PURPOSE OF ITEM 8

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled by*, the *applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its

members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments,

limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM SLLU1	UNIFORM SMALL LOAN LENDER FORM				<input type="checkbox"/> SMALL LOAN LENDER	
	Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____				<input type="checkbox"/>	
	Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____				<input type="checkbox"/>	
License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER <i>(review jurisdiction-specific instructions)</i>						
1. Exact name, principal business address, mailing address, if different, and telephone numbers of applicant: (A) Full name of applicant (sole proprietors provide last, first, and full middle name) _____ (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) _____						
(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____						
(2) List any other name(s) by which the applicant conducts or will conduct business and the jurisdiction(s) in which they are or will be used (Use additional sheets as necessary).						
1. Name		Jurisdiction		2. Name		Jurisdiction
3. Name		Jurisdiction		4. Name		Jurisdiction
(D) For amendments only: If this filing reports the applicant's name has changed, specify whether the name change is of the <input type="checkbox"/> applicant name (1A) or <input type="checkbox"/> business name (1C1)? Enter the old name above and new applicant name here _____ or new business (trade/dba) name here _____						
(E) Main address: (Do not use a P.O. Box)						
_____		_____		_____		_____
Number & Street		City		State / Province & Country		Zip+4 / Postal Code
(F) Mailing address, if different from Main address:						
_____		_____		_____		_____
PO Box or Number & Street		City		State / Province & Country		Zip+4 / Postal Code
(G) Telephone Numbers and Website:						
() _____ - _____ ext _____		() _____ - _____		_____		_____
Business Phone		Fax Line		Website address		e-mail address (optional)
(H) Other than the office in 1E, does the applicant conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO (In certain jurisdictions, branch offices or other business locations must be reported or approved. Use Form MU3.)						
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant and agrees to and represents the following:						
(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;						
(2) To the extent any information previously submitted is not amended such information is currently accurate and complete;						
(3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the applicant for purposes of issuing the subject licenses;						
(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;						
(5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the applicant is applying.						
Notary seal here	_____			_____		
	Date (MM/DD/YYYY)			Signature of applicant's representative		
	Signed or attested before me: _____			By _____		
	Print Notary Public name			Print applicant's representative name		
on this _____		day of _____,		_____		_____
Date		Month		Year		State County
_____			_____			
Notary Public signature			Notary Appointment Expires (MM/DD/YYYY)			
<i>This execution must always be completed in full with original, manual signature and notarization.</i> <i>Affix notary stamp or seal where applicable.</i>						

Applicant full legal name: _____

2. Contact information for applicant:															
(A) Contact Employee:															
_____ Name and Title				_____ Business Phone () - _____ ext _____				_____ Fax Line () - _____				_____ e-mail address			
_____ PO Box or Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
(B) Employee authorized to respond to consumer complaints:															
_____ Name and Title				_____ Business Phone () - _____ ext _____				_____ Fax Line () - _____				_____ e-mail address			
_____ PO Box or Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
(C) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.															
_____ Records Custodian Name				_____ Business Phone () - _____ ext _____				_____ Fax Line () - _____				_____ e-mail address			
_____ Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
3. Enter appropriate number in the box(es) for each jurisdiction:															
Use the CL box for consumer lender, consumer finance company, or small loan lender and the PL box for pay day lender:															
Enter "1" if applicant is newly applying in that jurisdiction															
Enter "2" if applicant has a pending application in that jurisdiction															
Enter "3" if applicant is already licensed/registered in that jurisdiction															
Enter "4" if applicant is surrendering/canceling in that jurisdiction															
Enter "5" if applicant was formerly licensed/registered in that jurisdiction.															
	CL	PL			CL	PL			CL	PL			CL	PL	
Alabama				Idaho				Montana					Rhode Island		
Alaska				Illinois				Nebraska					South Carolina		
Arizona				Indiana				Nevada					South Dakota		
Arkansas				Iowa				New Hampshire					Tennessee		
California – DOC				Kansas				New Jersey					Texas – OCC		
California – DRE				Kentucky				New Mexico					Texas – SML		
Colorado				Louisiana				New York					Utah		
Connecticut				Maine				North Carolina					Vermont		
Delaware				Maryland				North Dakota					Virginia		
District of Columbia				Massachusetts				Ohio					Washington		
Florida				Michigan				Oklahoma					West Virginia		
Georgia				Minnesota				Oregon					Wisconsin		
Guam				Mississippi				Pennsylvania					Wyoming		
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

<p>4. Check type(s) of small loan related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>(A) Consumer finance lending</p> <p>(B) Consumer finance loan servicing</p> <p>(C) Pre-owned automobile financing</p> <p>(D) Insurance premium financing</p> <p>(E) Credit insurance</p> <p>(F) Gap insurance</p> <p>(G) Debt suspension/debt cancellation insurance</p> <p>(H) Other _____</p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>5. (A) Will <i>applicant</i> engage in any non-consumer finance lending-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(B) Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?</p> <p>If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>6. (A) Indicate legal status of <i>applicant</i>.</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company </p> <p>(B) <i>Applicant's</i> fiscal year end (MM/DD): _____</p> <p>(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):</p> <p style="margin-left: 40px;">State/Province & Country of formation: _____ Date of formation (MM/DD/YYYY): _____</p> <p>(D) If <i>applicant</i> is a publicly traded corporation, please insert stock symbol: _____</p>	

Applicant full legal name: _____

<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i>; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
Criminal Disclosure		
(A) Has the <i>applicant</i> or a <i>control affiliate</i> ever:	YES	NO
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F) (1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a lender or a loan broker or a <i>control affiliate</i> of a lender or a loan broker that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule A
DIRECT OWNERS AND
EXECUTIVE OFFICERS**

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:

- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
- (b) each *control person*
- (c) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;
Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
- (d) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
- (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
- (f) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (g) in certain *jurisdictions*, other required *persons*, including "qualified *persons*" or branch supervisors. Consult the *jurisdiction(s)* in which the *applicant* is applying for details.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? Yes No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form MU1, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2.
(b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

