

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

APPLICATION FOR CONSUMER FINANCE COMPANY LICENSE
CHAPTER 516, FLORIDA STATUTES

GENERAL INSTRUCTIONS

Form OFR-516-01 is the form used by Consumer Finance Companies to either file for an initial license or make an amendment to a pending application or an existing license. This form can also be used to terminate an existing license or withdraw a pending application.

This form is divided into the following sections:

- Applicant Information
- Contact Information
- Applicant Organization & History
- Net Worth Requirement
- Pawnbroker Question
- Disclosure Requirements
- Signature

When filing this form to apply for an initial license, include the following **non-refundable** fees:

Application fee	\$625
<u>Investigation fee</u>	<u>\$200</u>
Total non-refundable fees	\$825

File the application form and non-refundable fees with the Office of Financial Regulation through the REAL System.

Type of Filing

Check the appropriate box for the type of filing. Check only one box.

Initial Application – This designation applies to first-time filers and applications for Change of Control (See Rule 69V-160.032, F.A.C., for waiver of Change of Control Application).

Amendment – This designation applies to any changes including, but not limited to, business name, fictitious name, physical address and phone numbers, mailing address, or records address.

Additionally, if the information on a Disclosure Reporting Page has changed, it should be reported through this form. When filing amendments, circle the question(s) on the form that contains new information.

Terminate License/Withdraw Application – This designation applies to any request to terminate an active license or withdraw any pending application. Provide the effective date of this request. If terminating an existing license, update the address where records

will be stored in Question 1E and the contact information in Question 2.

1. Applicant Information

A. Business Name – Legal business name as filed in the state of formation. Name shall not include the words, National, Federal, United States, Reserve, Trust Company or Deposit Insurance. Names including the word “bank” or similar words must be approved by the Division of Financial Institutions with the Office of Financial Regulation. For permission to use the names contact the Division of Financial Institutions at (850) 410-9800.

B. DBA or Fictitious Name – Name the business operates under other than the legal business name. Provide evidence of fictitious name registration. If you do not use a fictitious name, answer “N/A” for this question.

C. FEID# - Provide Federal Employer Identification Number as assigned by the IRS.

D. Business Main Address – Physical address of applicant or licensee.

***NOTE: A Post Office Box is not acceptable.

E. Address where records stored – This is the physical location where any and all books and records will be maintained. If this address is the same as the business main address, enter “Same as Business” on this line. Do not leave blank.

F. Mailing Address – Provide if different from business main address.

G. Business Telephone Numbers – Provide the telephone and fax number of the business location.

2. Contact Information (this is optional)

A. Contact Person Name & Title – Person to be contacted regarding the application.

B. Contact Person Mailing Address – Mailing address of contact person.

C. Contact Person Telephone – Telephone number of contact person.

3. Applicant Organization and History of Operations

A. Application Type – Check type of Organization.
B. Legally Formed Entity Information – If the applicant is a legally formed entity, list the date and state in which the entity is form.

C. Registered Agent – Person or entity on whom service of process may be served. This person must be located in Florida. This person can be an individual with the entity applying.

D. Owners and Officers – List all persons as requested on the application. A control person is defined as a person who possesses the power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. If another entity owns at least 10% of the applicant, provide the entity name and FEID# of the entity and percentage of ownership in the applicant. If any individual within a parent organization ultimately owns a 10% or greater interest in the applicant, identify the person(s) on this form. A Biographical Summary section of this form is required for every person listed in the question.

4. Disclosure Questions

A. Criminal Disclosure – For every “yes” answer to questions 4A, 4B, & 4C, complete a separate Disclosure Reporting Page (DRP) for each unrelated event. Provide documentation pertaining to each matter disclosed. Such documentation includes certified copies of criminal convictions or administrative orders entered against the applicant.

5. Liquid Assets

Applicant must provide documentation from an insured financial institution that liquid assets in the amount of \$25,000 are on deposit with the institution and held solely for the purposes of licensure. The documentation should include the applicant/licensee name, street address, and account balance.

In lieu of liquid assets, one of the following alternative collateral devices may be submitted with the application:

A. A certificate of deposit pledged to the Office in the amount of \$25,000 for this location. The certificate of deposit must be deposited in a financial institution as defined in s. 655.005(1)(i), Florida Statutes. An original of Form OFR-516-03 must be submitted to the Office with the application.

B. An irrevocable letter of credit in the amount of \$25,000 for this location. The irrevocable letter of credit must be issued by a financial institution as defined in s. 655.005(1)(i), Florida Statutes.

C. A surety bond in the amount of at least \$25,000. A consumer finance company with at least one currently licensed location must provide to the Office a rider or surety bond in the amount of at least \$5,000 for each additional license.

However, the aggregate amount of the surety bond required for a consumer finance company with multiple licenses may not exceed \$100,000. The surety bond or rider must be issued by a bonding company or insurance company authorized to do business in this state. An original of Form OFR-516-02 must be submitted with the application.

6. Pawnbroker Business – Indicate whether or not the applicant is engaged in the pawnbroker business. **NOTE:** Chapter 516.05(6), Florida Statutes, provides that “no license shall be granted to or renewed for any person or organization engaged in the pawnbroker business.”

7. Signature – This form must be signed by an authorized person of the applicant. This is limited to any individual identified in question 3D of this form.

Filers may also find all forms, statutes and rules relating to licenses issued under chapter 516, Florida Statutes on the Office's website at www.flofr.gov.

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

APPLICATION FOR CONSUMER FINANCE COMPANY LICENSE
CHAPTER 516, FLORIDA STATUTES

Check the box that indicates what you would like to do:

- File an Initial Application** (Filing fees required – See instructions)
 File an Amendment
 ****Terminate License/Withdraw Application** (Effective date of termination/withdrawal: _____)
(MM/DD/YYYY)

1. Applicant Information

A. Legal Business Name of Applicant:

B. D/B/A or Fictitious Name:

C. IRS Employee Identification Number (FEID):

D. Business Main Address (Street address only - do not use a P.O. Box):

(Number and Street) (City) (State) (Zip Code)

E. Address where records stored (Street address only - do not use a P.O. Box):

(Number and Street) (City) (State) (Zip Code)

F. Mailing Address, if different from Business (P.O. Box acceptable):

(Number and Street) (City) (State) (Zip Code)

G. Business Telephone Numbers:

(_____)_____-_____
(Business Phone) (Business Fax)

2. Contact Information:

A. Contact Person Name and Title:

(Last Name) (First Name) (Middle) (Title)

B. Contact Person Mailing Address:

(Number and Street) (City) (State) (Zip Code)

C. Contact Person Telephone Number:

(_____)_____-_____
(Contact Person Phone) (Contact Person Fax)

3. Applicant Organization and History of Operations:

- A. Applicant is a: Corporation, Partnership, Association, LLC, Individual,
 Other (Explain): _____

B. If applicant is a corporation, partnership, association, LLC, or other legally formed entity:

(1) List the date and state the applicant was incorporated/formed:

(Date) (State)

(2) Provide a chart or description of the organizational structure of the applicant, including the identity of any parent or subsidiary of the applicant. (Attachment # _____)

(3) Provide a copy of a certificate of registration from the state or country in which applicant was incorporated or formed. (Attachment # _____)

C. Provide the applicant's registered agent in this State on whom service of process may be made.

Name:

Mailing Address:

(Address) (City) (State) (Zip Code)

Telephone Number:

(_____)_____-_____-_____

D. List every chief executive officer, chief financial officer, chief operations officer, chief legal officer, chief compliance officer, director, member, sole proprietor, and control person for the applicant in the table below. Attach additional sheets if necessary. For every person listed, complete the Biographical Summary Section of this form.

Name	Title or Position (Officer, Director, Shareholder, etc.)	% of ownership	Date Title or Position Acquired

4. Disclosure Questions

A. Criminal Disclosure

1) Has the applicant ever been convicted of or found guilty of, or pleaded guilty or nolo contendere to, any crime under the law of any state or of the United States, without regard to whether a judgment of conviction has been entered by the court?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

B. Regulatory Action Disclosure

1) Has the applicant ever had an application for license, or a license or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a licensing authority in any jurisdiction or have a finding by an appropriate regulatory body of engaging in unlicensed activity as a consumer finance company within any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

2) Is the applicant the subject of a pending criminal prosecution or governmental enforcement action, in any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

C. Civil Litigation/Arbitration Disclosure

1) Has the applicant been named as a DEFENDANT in any civil litigation or arbitration?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

5. Provide evidence from an insured financial institution that the liquid assets in the amount of \$25,000 are on deposit with the institution and held solely for the purpose of licensure. In lieu of liquid assets, one of the following alternative collateral devices may be submitted with the application:

A. A certificate of deposit pledged to the Office in the amount of \$25,000 for this location. The certificate of deposit must be deposited in a financial institution as defined in s. 655.005(1)(i), Florida Statutes. An original of Form OFR-516-03 must be submitted to the Office with the application.

B. An irrevocable letter of credit in the amount of \$25,000 for this location. The irrevocable letter of credit must be issued by a financial institution as defined in s. 655.005(1)(i), Florida Statutes.

C. A surety bond in the amount of at least \$25,000. A consumer finance company with at least one currently licensed location must provide to the Office a rider or surety bond in an amount of at least \$5,000 for each additional license. However, the aggregate amount of the surety bond required for a consumer finance company with multiple licenses may not exceed \$100,000. The surety bond or rider must be issued by a bonding company or insurance company authorized to do business in this state. An original of Form OFR-516-02 must be submitted with the application.

6. Does the applicant presently operate as a pawnbroker or hold a registration from the Florida Department of Agriculture as a pawnbroker or second-hand dealer?

Yes No

NOTE: Chapter 516.05(6), Florida Statutes, provides that "no license shall be granted to or renewed for any person or organization engaged in the pawnbroker business."

7. Signature

I, the undersigned authorized person, have full authority to sign and verify this application. I have read this application and disclosure reporting pages and have knowledge of the facts stated herein. This application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief. I further acknowledge that any misstatement may cause the Office to deny the application or initiate proceedings against the licensee. I also represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Section 837.06, Florida Statutes, states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

The authorized person or authorized person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Signature

Title

Print Name

Date

SSN Section (If Applicant is a Sole Proprietor) Applicant's Social Security Number ____ - ____ - ____

Disclosure Reporting Page (OFR-516-01)

This Disclosure Reporting Form is an INITIAL OR AMENDED response to report details for affirmative responses to **Questions 4A, 4B, & 4C** on Form OFR-516-01;

Check question you are responding to: 4A(1) 4B(1) 4B(2) 4C(1)

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing Date of Action (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary):

6. Current status of action? Pending On Appeal Final

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____
 Exact Explanation If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary)

10. Resolution Date (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes certified copies of criminal convictions or administrative orders entered against the applicant.

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

BIOGRAPHICAL SUMMARY

Check the box that indicates what you would like to do:

- Submit an initial Biographical Summary.**
 Submit an amendment to a Biographical Summary.

1. Applicant/Licensee Information

A. Business Name of Applicant/Registrant (Same as Question 1A on page 1 of Application):

Business Name of Applicant/Licensee

2. Individual Biographical Summary

A. *Identifying Information

Provide your Social Security Number/Alien Identification Number below the signature section at the end of this summary.

B. *Name

First Name	Middle Name	Last Name	Suffix	Date of Birth

C. Surnames and/or Aliases

First Name	Middle Name	Last Name	Suffix (Sr, Jr, II, or III)

D. *Residential Address

Number and Street	City, Town, etc.	State	Country	Postal Code

E. *Mailing Address

Check box if mailing address the same as residential.)

Number and Street	City, Town, etc.	State	Country	Postal Code

F. *Phone Number

Residence Telephone Number	Daytime Telephone Number
() -	() -

G. *Residential History (Start with the current address, give all addresses for last 5 years. Report changes as they occur.)

Number and Street	City, Town, etc.	State/Province	Country	From		To	
				Mo.	Yr.	Mo.	Yr.

H. *Employment History (Start with current employer, give all employments for the last 5 years. Report changes as they occur.)

Name of Company	City, Town, etc.	State/Province	Position Held	From		To	
				Mo.	Yr.	Mo.	Yr.

I. *Professional Licenses and Certifications

Type of License/Certification	Name of Licensing Authority/City/State	Date Issued		Status	Status Date	
		Mo.	Yr.		Mo.	Yr.

J. Are you presently an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock of any firm, company, corporation, partnership or other business organization?

Yes No If yes, complete the chart below.

Name and Address	State of Incorporation	Type of Business	Position Held

3. Disclosure Questions (If you answer "yes" to any question, complete a separate Disclosure Reporting Page (DRP) for each event.)

A. Criminal Disclosure

1) Have you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever been convicted of or found guilty of, or pleaded guilty or nolo contendere to, any crime under the law of any state or of the United States, without regard to whether a judgment of conviction has been entered by the court?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

B. Regulatory Action Disclosure

1) Have you ever had an application for registration, or a registration or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a registering authority in any jurisdiction or have a finding by an appropriate regulatory body of engaging in unlicensed activity as a consumer finance company within any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

2) Are you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock the subject of a pending criminal prosecution or governmental enforcement action, in any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

C. Civil Litigation/Arbitration Disclosure

1) Have you or any business or enterprise with which you are now or were at the time associated as an officer, director, representative, member, principal, agent or holder of 10% or more of the outstanding stock now or during the last five (5) years, been named as a DEFENDANT in any civil litigation or arbitration?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

D. Financial Disclosure

1) Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever filed bankruptcy or entered into a compromise with creditors?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

2) Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever had tax liens of any kind filed against you individually or against your business affiliates?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

4. *Signature

In assuming the position for which this form is being submitted, I am undertaking a commitment to be fully informed as to the affairs of the company with which I will be associated and to exercise my independent judgment with respect to any matters that may come before me.

Certificate

I hereby certify that this form and applicable disclosure reporting pages have been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the Office to deny my participation in the application for which this summary is submitted.

The individual person or individual person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The individual person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

(Date)

(Signature)

<p>*SSN Section</p> <p>Social Security Number _ _ - _ - _ _ _</p>

Disclosure Reporting Pages (OFR-516-01)

This Disclosure Reporting Form is an INITIAL OR AMENDED response to report details for affirmative responses to **Questions 3A, 3B, 3C, & 3D** in the biographical summary section on Form OFR-516-01;

Check question(s) you are responding to: 3A(1) 3B(1) 3B(2) 3C(1) 3D(1) 3D(2)

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Agency, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing Date of Action (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary-):

6. Current status of action? Pending On Appeal Final

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____
 Exact Explanation If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes certified copies of criminal convictions or administrative orders entered against you.

Notice Regarding Collection and Use of Social Security Numbers

In accordance with sections 119.071(5)(a)2.a. and b., Florida Statutes, the Office gives the following notice regarding the Office's collection and use of social security numbers:

(a) Social security numbers are collected for the purposes of verifying identity and conducting criminal history background checks. Collection of social security numbers is specifically authorized under section 516.03, Florida Statutes.

(b) Social security numbers collected by the Office may not be used by the Office for any purpose other than the purpose provided in this notice.

(c) Social security numbers held by the Office are confidential and exempt from section 119.07(1), Florida Statutes, and Section 24(a), Article I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

(d) Social security numbers held by the Office may be disclosed if any of the following apply:

1. The disclosure of the social security number is expressly required by federal or state law or a court order;
2. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities;
3. The individual expressly consents in writing to the disclosure of his or her social security number;
4. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224;
5. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. sections 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. sections 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. sections 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph;
6. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents;
7. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan; or
8. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code, chapters 670 through 680, Florida Statutes, by the office of the Secretary of State.