



**CONSUMER FINANCE AND SHORT-TERM PERSONAL LOAN
 INITIAL LICENSE APPLICATION**
 (Oregon Consumer Finance Act, ORS Chapter 725)

Applying for: Consumer finance license.....License fee: \$600

OR

Short-term personal loan license: Payday lending or Title lending.....License fee: \$750
 (If applying for a short-term personal loan license, either type or both may be selected.)

OAR 441-730-0005 defines the license types.

All names used in Oregon must be registered with the Oregon Office of the Secretary of State, Business Registry Section, 503-986-2200, www.filinginoregon.com.

Please respond to all questions. If the answer is “none” or “not applicable” (NA), so state.

1. Name of applicant:

Business organization: Corporation Partnership Sole proprietorship Other: _____

2. Taxpayer identification number (EIN or TIN) _____

3. Assumed business name(s), if different: _____

4. Address at which business will be conducted (cannot be a residence): _____

City: _____ State: _____ ZIP: _____ County: _____

5. Mailing address for business, if different: _____

City: _____ State: _____ ZIP: _____

6. Telephone: () _____ Fax: () _____

Continued on next page

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
Cardholder signature		\$ _____ Amount	

Make check or money order payable to Oregon Division of Finance and Corporate Securities. If paying by credit card, applicant must sign credit-card information box.

Mail application with payment to:

DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

Fiscal use only: 61230/1001

**Secure fax for
 credit card payments:
 503-947-2333**



Consumer Finance and Short-Term Personal Loan License Application

Please attach a separate sheet of paper if more room is needed to answer questions.

- 7. Name of Oregon registered agent for service of process: _____
- 8. Furnish a complete statement of your current financial condition, including balance sheet and profit-and-loss statement.
- 9. List bank lines of credit or other sources of funds; document their availability.

10. State the amount of cash available for loans upon the opening of the proposed office. _____

11. Has anyone listed on this application been convicted of a felony? Yes No If yes, explain.

12. List all Oregon licenses that are or have been held by this company, associated companies, or individuals owning 10 percent or more.

13. Provide a copy of your business plan. Include your financial objectives and define the organizational structure. Summarize your economic assumptions and financial-statement projections for the next three years. Provide a three-year projection.

14. Submit samples of proposed loan documents and fees, including a sample of the Truth in Lending form and all logs required pursuant to OAR 441-730-0110 and 0120.

15. Describe in detail any other business in which you intend to engage at this location:

16. Complete Page 3 to let us know who should receive our mailings.

17. Provide a completed copy of Page 4 for each individual, as required.

18. Mail a copy of the "Request for Information" in this application to each state in which you are currently licensed. List the states to which it was provided:

19. Is this a franchise? Yes No If yes, list name, address, and phone number of franchisor and contact name.

Name: _____ Address: _____

Phone: () _____ Contact name: _____

I certify that the information contained in this application is current and accurate as of the day it was signed and will notify the Division of Finance and Corporate Securities of any changes to this application that occur before the license is issued.

I further state that I am the (enter position or title) _____ of the company and am authorized to act on its behalf.

Name (type or print): _____ Phone: () _____

Signature: _____ Date: _____

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Who in your company should receive the following?

- Amended Oregon Consumer Finance Statutes and Oregon Administrative Rules (one name only):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Annual report forms for your consumer finance activity to be filed with the Division of Finance and Corporate Securities (one name only):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Invoice for annual fees (one name only):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Examination report copy (the original examination report goes to the licensed office) (one name only):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Person to contact regarding complaints (one name only):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

Applicant's Web site: _____

Consumer Finance and Short-Term Personal Loan License Application

Copy this page as needed and submit for each officer, director, and owner of 10 percent or more of the corporation; for all owners if applicant is an entity other than a corporation; **and** for the proposed manager of the location. Make sure the mailing address for each reference is current and complete.

Name: _____ Position or title: _____

Home street address: _____

Home mailing address, if different: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ E-mail: _____

Office street address: _____

Office mailing address, if different: _____

City: _____ State: _____ ZIP: _____

Office phone: (____) _____ Fax: (____) _____

Social Security no.: _____ Date of birth (mm/dd/yy): _____

Driver license no.: _____ Percentage of ownership: _____

I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature: _____ Date: _____

**Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862
<http://dfcs.oregon.gov>



REQUEST FOR INFORMATION ABOUT A CONSUMER FINANCE LICENSE APPLICANT

Applicant: This form is for initial application only. A copy of it must be mailed promptly to each state in which you are licensed or registered to conduct consumer finance business. Complete the upper portion of the form by typing or printing the required information, photocopy as needed, and mail. Include a postage-paid envelope addressed to DFCS at the address above.

Applicant name: _____
Company: _____
Address: _____
City, state, ZIP: _____
State: _____ Date licensed: _____ Expiration date: _____
License no.: _____ Type of license: _____

The above-named company has applied for a license to conduct consumer finance business in the state of Oregon. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return it to us in the envelope provided.

1. Is the above information accurate? Yes No
2. Did you conduct an investigation of this applicant prior to issuing a license? Yes No
3. Have you received any complaints about this applicant? Yes No
If there is a trend of common complaints, what is the problem?

4. Have you conducted an examination or audit of the applicant's business? Yes No
Provide the date of the last examination and briefly describe the most serious exceptions.

5. Have you taken action against this licensee for violations of your state's laws? Yes No
Attach a copy of the action or briefly describe the circumstances and resolution.

This form completed by:

Name: _____ Title: _____
State: _____ Phone: () _____ Date: _____

