



**CONSUMER FINANCE AND SHORT-TERM PERSONAL LOAN
 LICENSE APPLICATION FOR ADDITIONAL LOCATION**
 (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 business 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, if different: _____

City: _____ State: _____ ZIP: _____

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

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<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**

7. Has anyone listed on this application been convicted of a felony? Yes No

If yes, explain.

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

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

Name: _____ Address: _____

Phone: (____) _____ Contact name: _____

10. Trade group affiliations:

I certify that the information contained in this application is current and accurate as of the day it was signed and I 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: _____

Complete this information for the proposed manager. 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: _____