



CONSUMER FINANCE LICENSE ADDITIONAL LOCATION APPLICATION
 (Oregon Consumer Finance Act, ORS Chapter 725)

Consumer finance license fee: \$600

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: _____
2. Business organization: Corporation Partnership Sole proprietorship Other: _____
3. Taxpayer identification number (EIN or TIN): _____
4. Assumed business name(s), if different: _____
5. Address at which business will be conducted (cannot be a residence): _____
 City: _____ State: _____ ZIP: _____ County: _____
6. Mailing address, if different: _____
 City: _____ State: _____ ZIP: _____ County: _____
7. Telephone: (____) _____ Fax: (____) _____
8. Has anyone listed on this application been convicted of a felony? Yes No If yes, explain.

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.**

Mail application with payment to:
 DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

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

If paying by credit card, applicant must sign
 credit-card information box.

Fiscal use only: 61230/1001, 12104/0600

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



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

Name: _____ Address: _____

Phone: (____) _____ Contact name: _____

11. Will you be originating mortgage loans? Yes No If yes:

a) Provide a list of all licensed mortgage loan originators and their license number. Use additional sheets if necessary.

b) Provide a corporate surety bond per ORS 86A.227 where the amount meets the requirements set forth in OAR 441-860-0085

Loan originator name	Unique ID/NMLS number

12. Complete this information for the proposed manager.

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. and state: _____ Percentage of ownership: _____

*Your Social Security number is required for identification purposes only.

Note: A resume must be attached for the proposed manager of this location.

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: _____