

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

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881  
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http://dfcs.oregon.gov



**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  Title lending .....License fee: \$1,200  
(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: ( ) \_\_\_\_\_

*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 for Additional Location

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 affiliation(s):

\_\_\_\_\_

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. **Please attach a resumé detailing your consumer finance experience.**

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.)

Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_