

**Sales Finance Agency Licensure Application Check List**

- 1) Application Form
  
- 2) A copy of all organization documents required to be filed with the Illinois Secretary of State and a copy of the filing of assumed business name with the appropriate County Clerk's office if a sole proprietorship.
  
- 3) "Supplemental Application" and credit report of:
  - A) the proprietor, if the applicant is an individual
  - B) every partner, if the applicant is a partnership
  - C) the President, Secretary, Executive and Senior Vice Presidents, Directors and individuals owning 25% or more of the corporate stock, if the applicant is a corporation; and
  - D) the manager, if the applicant is a manager-managed limited liability company or the member if the applicant is a managed limited liability company.
  
- 4) Certified financial statements of the most current year-end (not more than a year old), prepared in accordance with Generally Accepted Accounting Principals\*
  
- 5) Certified balance sheet and statement of operations as of the most recent quarterly report before the date of the application\*
  
- 6) Proof that the applicant (i.e. individual, partnership, corporation, or limited liability company) has a positive net worth of a minimum of \$30,000 with "Net worth" to mean total assets minus total liabilities
  
- 7) A list of all states in which the applicant is licensed as a lender or Sales Finance Agency. If said license has been withdrawn, refused, cancelled, or suspended in any other state, please stated the specifics surrounding this event
  
- 8) Business Plan, which shall only detail the nature, amount and term of loans to be made and types of security that will be taken.
  
- 9) Information Form as provided in application packet
  
- 10) A check in the amount of \$300 for the principal place of business and \$100 for each additional place of business made payable to the Director of the Department of Financial Institutions to serve as a license fee. If the application is filed on July 1 or thereafter for any year, the license fee will be \$150 for the principal place of business and of \$50 for each additional place of business

\*All financial statements must be certified by original signature of the applicant, President, Manager of a limited liability company, or Partner thereof

**Note:** The requirements of items 2 and 3 may be waived, provided that the applicant provides a sworn written statement attesting that it is a current Sales Finance Agency Act Licensee or Consumer Installment Loan Act (CILA) Licensee with the required material being on file with the Division for not more than 5 years and that said information has not experienced any material changes. If this is the case, please fill out License Application Material Waiver form.

Please return the completed application and related fees to the address list below:

**Illinois Department of Financial & Professional Regulation  
Division of Financial Institutions  
Consumer Credit Section  
100 West Randolph St., Suite 9-100  
Chicago, IL 60601**

Office Use Only  
Log No. \_\_\_\_\_  
Check # \_\_\_\_\_  
Fee Slip \_\_\_\_\_

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
DIVISION OF FINANCIAL INSTITUTIONS  
APPLICATION FOR LICENSE  
SALES FINANCE AGENCY ACT

Application is hereby made to the Director of Financial Institutions for a license to engage in the business under the provisions of the Illinois Sales Finance Agency Act.

1. Full Name of Applicant: \_\_\_\_\_

2. Proposed Licensed Location: \_\_\_\_\_  
(Address)

(City) (County) (State) (Zip Code)

3. Corporate Address: \_\_\_\_\_  
(Address)

(City) (State) (Zip Code)

4. ( ) \_\_\_\_\_  
Telephone #

5. ( ) \_\_\_\_\_  
Fax #

6. \_\_\_\_\_  
Contact Person

7. \_\_\_\_\_  
Federal Employer I.D. #

8. \_\_\_\_\_  
E-Mail Address

9. Type of Ownership: Sole Proprietorship \_\_\_\_\_, Partnership \_\_\_\_\_,  
Corporation \_\_\_\_\_, Limited Liability Company \_\_\_\_\_,  
Other \_\_\_\_\_

10. If the entity is a corporation, State of Incorporation: \_\_\_\_\_

11. If entity is a foreign corporation, date and number of Charter in  
Illinois: \_\_\_\_\_  
Date Number

12. Is applicant licensed in any other State or Territory of the U.S.? \_\_\_\_\_  
IF Yes, provide a list of the States.

13. At any time has the applicant entity listed above had its license cancelled or suspended in  
any other State or Territory of the U.S.? \_\_\_\_\_  
If Yes, provide full details on a separate sheet.

14. At anytime has the applicant ever had a license application withdrawn or refused in any other  
State or Territory of the U.S.? \_\_\_\_\_  
If Yes, provide full details on a separate sheet.

All statements herein are warranted true and are given as a basis of the issuance of the License under said Act.

Dated at \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Title)

\_\_\_\_\_  
(Signature) (Title)

Subscribed and sworn to me in \_\_\_\_\_ County, in the State of  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. , 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
DIVISION OF FINANCIAL INSTITUTIONS  
CONSUMER CREDIT SECTION

SUPPLEMENTAL APPLICATION

All answers must be TYPED or legibly PRINTED. All questions must be answered.

1. Individual's Name: \_\_\_\_\_  
(First) (Middle) (Last)
2. Corporate Title: \_\_\_\_\_
3. Percentage of Ownership: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Business Address: \_\_\_\_\_
7. Resident Address: \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_
9. Business Experience for past ten (10) years in descending chronological Order: (A copy of a resume for the same period of time may be substituted to satisfy this requirement.)

Years

From To Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

Years

From To Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

Years

From To Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

10. In the past 10 years have you ever been convicted of a felony?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.

11. In the past 10 years have you been a party to any material litigation?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.

I do hereby swear that the facts set forth, hereinabove, are true and are given as a basis for the issuance of a license under the Consumer Installment Loan Act.

\_\_\_\_\_  
Name & Title (Please Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Resident Address

\_\_\_\_\_  
City

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**INFORMATION FORM**

I. Name, Title, Percent of Stock Ownership and Resident Address of Every officer of the Licensed Entity.

A. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

B. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

C. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

II. Name, Title, Percentage of Ownership and Resident Address of Each Director of the Licensed Entity.

A. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

B. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

C. \_\_\_\_\_  
(Name) (Title) (Percent of Stock)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

III. Name, Percent of Ownership and Resident Address of Each Stockholder Owning 10% or More of Capital Stock or Any Owner/Partner of the Licensed Entity who is Not Listed Above.

A. \_\_\_\_\_  
(Name) (Percent of Stock/Ownership)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

B. \_\_\_\_\_  
(Name) (Percent of Stock/Ownership)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

C. \_\_\_\_\_  
(Name) (Percent of Stock/Ownership)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

**The Percentage of Ownership from Section I, II and III Must Total 100%**

State of Illinois  
Department of Financial & Professional Regulation  
Division of Financial Institutions

License Application Material Waiver

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
Corporate or Company Name

\_\_\_\_\_ Street \_\_\_\_\_ City

\_\_\_\_\_ County \_\_\_\_\_ State attests that it

is currently a licensee of the Department and has previously submitted the following checked information to the Department in the application of such licensee within the last 5 years and there have been no material changes.

\_\_\_\_\_ Illinois Secretary of State (SoS) organization document (reference to Section 2 of CILA License Application Check List)

Type of SoS organization document \_\_\_\_\_

\_\_\_\_\_ ALL Supplemental Application(s) and credit report(s) (reference Section 3 of CILA License Application Check List)

\_\_\_\_\_ Supplemental Applications(s) and credit report(s) for ONLY the following officers:

\_\_\_\_\_ Name \_\_\_\_\_ Corporate Title

\_\_\_\_\_ Name \_\_\_\_\_ Corporate Title

\_\_\_\_\_ Name \_\_\_\_\_ Corporate Title

The Division will use this waiver to cross-reference applicable materials to the new application for licensure. The submission of this waiver does not preclude the Director from seeking any relevant or additional information he or she may find necessary from the said applicant for the investigation to determine whether the license shall be issued.

IN WITNESS WHEREOF, the applicant has set his hand and seal in the City of

\_\_\_\_\_ State of \_\_\_\_\_,

On \_\_\_\_\_ 20

(CORPORATE SEAL)

By \_\_\_\_\_  
(President, Owner, Partner)

By \_\_\_\_\_  
(President, Owner, Partner)

CORP. FILE NUMBER  
IF OUT OF STATE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

NOTARY SEAL