

THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 1

SALES FINANCE AGENCY ACT
LICENSE RENEWAL CHECKLIST

ENCLOSE ALL APPLICABLE FORMS DETAILED BELOW.

____ RENEWAL APPLICATION COMPLETED AND SIGNED

____ MULTIPLE LICENSED LOCATIONS FORM

____ INFORMATION FORM. (PLEASE ENSURE THAT THE PERCENT OF OWNERSHIP TOTALS 100%)

____ SUPPLEMENTAL APPLICATIONS AND CREDIT REPORTS FOR ALL NEW PRINCIPALS. (PLEASE ENSURE THAT YOU ALSO SUBMIT A CREDIT REPORT FOR ANY NEW PRINCIPAL)

____ CORRECT REMITTANCE (\$300 FOR HEADQUARTERS; \$100 PER BRANCH)

____ COMPLETE MOST RECENT QUARTER END FINANCIAL STATEMENTS.

(BALANCE SHEET AND INCOME STATEMENT- *CERTIFIED)

*We are requesting that a controlling person add a signed statement like the following:

I certify that the attached financial statements are true and correct to the best of my knowledge and ability.

____ COPY OF CERTIFICATE OF GOOD STANDING FROM THE SECRETARY OF STATE IN IL.

PLEASE NOTE:

IF ANY OF THE ABOVE IS MISSING OR THERE ARE ANY OUTSTANDING FEES OR FINES YOUR RENEWAL APPLICATION MAY BE DELAYED.

PLEASE COMPLETE THIS FORM AND RETURN WITH APPLICATION TO THE ADDRESS LISTED BELOW.

ILLINOIS DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION
100 W. Randolph St., 9th FLOOR
CHICAGO, ILLINOIS 60601

Renewal Prepared by: _____ Date: _____

Telephone No.: _____ E-mail Address (Compliance Officer) _____

SALES FINANCE AGENCY ACT

APPLICATION FOR RENEWAL OF LICENSE

MUST BE FILED ANNUALLY ON OR BEFORE DECEMBER 1

To: Director of Financial Institutions

The undersigned requests renewal of LICENSE NO. _____, issued in accordance with the provisions of the Illinois Sales Finance Agency Act.

Licensee _____
Corporate or Company Name _____ **Telephone No.** _____

Contact Person: _____ **Fax No.** _____ **FEIN** _____

Title: _____

Website Address: _____ **E-Mail Address:** _____

Application Prepared By: _____

Licensed Address: _____
Street

_____ **City** **State** **Zip Code** **County**

Give title and residence address of each new (within the last year) officer, director, sole proprietor, owner, partner or member and complete the Supplemental form for each.

Give name or names of affiliated (75% or more of stock held by same persons) corporations or firms and describe character of business: _____

(Application Page 1 of 2)

(Application Page 2 of 2)

We tender a check, draft or money order (payable to Director of Financial Institutions) in the sum of \$300.00 for headquarters office and \$100.00 for each branch office as the annual license fee.

Name of Licensee

By _____
(President, Owner, Partner)

By _____
(Secretary, Owner, Partner)

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, Percent 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%

SALES FINANCE AGENCY ACT

SUPPLEMENTAL APPLICATION FORM

All answers must be typed or legibly printed in blue or black ink. 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: _____

Principle Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principle Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principle 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 docket 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 Sales Finance Agency Act.

Name & Title (Please Type or Print)

Signature

Resident Address

City State Zip Code

MULTIPLE LICENSED LOCATIONS FORM

SALES FINANCE AGENCY ACT

Must be completed in the event of multiple licenses:

COMPANY NAME: _____

DESIGNATED HEADQUARTERS

<u>LICENSE #</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>PHONE #</u>	<u>AMOUNT</u>
_____	_____	_____	_____	\$ <u>300.00</u>

BRANCH OFFICE(S) (100.00 EACH LICENSE)

<u>LICENSE #</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>PHONE #</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL AMOUNT \$ _____