

## **Notice to Applicant**

**Fees are to be determined and will be set by rule. Applications will be processed upon receipt by the Division of Financial Institutions however licenses will not be issued until applicable fees have been paid.**

***Illinois Department of Financial & Professional Regulation***  
***Division of Financial Institutions***  
***Application for Licensure Under the Debt Settlement Consumer Protection Act***

State of Illinois  
Department of Financial & Professional Regulation  
Division of Financial Institutions  
Consumer Credit Section  
320 W. Washington Suite 500  
Springfield, IL 62701

**TO BE COMPLETED BY ALL APPLICANTS**

Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

Name and title of person making application \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**INDIVIDUALS**

(To be completed by those operating as sole proprietorships)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

**PARTNERSHIPS**

(To be completed by those operating as partnerships)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

ATTACH ADDITIONAL SHEETS AS NECESSARY

Assumed Name – If applicant operates under an assumed include proper authorization from the Illinois Secretary of State.

**CORPORATIONS/LIMITED LIABILITY COMPANIES**

(To be completed by those operating as Corporations/LLC)

Name of Corporation/LLC \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
State in which Corporation/LLC incorporated/organized \_\_\_\_\_  
Date of Incorporation/organization \_\_\_\_\_

List Officers, Directors, or Members of the Corporation/LLC and residence address

Name of Officer/Director/Member \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name of Officer/Director/Member \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name of Officer/Director/Member \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name of Officer/Director/Member \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

ATTACH ADDITIONAL SHEETS AS NECESSARY

If Corporation/LLC list all persons or entities owning 10% or more of the company. For entities owning 10% or more list the person owning that entity.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

ATTACH ADDITIONAL SHEETS AS NECESSARY

## REFERENCES

Provide three (3) names and addresses of references as to your “financial responsibility, character, and fitness”. One shall be a representative of a financial institution and one shall be from the debt settlement industry.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

## GENERAL INFORMATION

1) Have you read the Illinois Debt Settlement Consumer Protection Act in its entirety?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Have you had a license or registration canceled, suspended or revoked in this state, or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide details.

3) Have you had any other disciplinary action invoked in this state, or in any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide details.

4) Has any owner, corporate officer or limited liability manager been involved in any material litigation and/or been charged with or convicted of any crime (other than minor traffic violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide details.

5) Do you agree to maintain records and make available records in accordance with the Illinois Debt Settlement Consumer Protection Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

### ACKNOWLEDGEMENT

I/we do solemnly swear that the foregoing answers have been knowingly made by me/us and that the same are true and complete statements in accordance with the law.

Dated at \_\_\_\_\_, County of \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Applicant: \_\_\_\_\_

If a partnership, all partners must sign. If a Corporation/LLC two officers must sign.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

## ATTACHMENTS

- License application fee (to be set by rule)
- Bond Information
- If Corporation/LLC a copy of the Certificate of Authority to do business in Illinois from the Illinois Secretary of State
- If a d/b/a is used include proper authorization from the Illinois Secretary of State.
- Personal Information Forms (Completed by individual if sole proprietorship, partners if a partnership and chairman, president or executive director if Corporation/LLC)
- Supplemental Applications Forms (Completed by individual if sole proprietorship, partners if a partnership and officers/directors if a Corporation/LLC)
- Most recent CPA prepared, reviewed or audited financial statements
- Business History & Business Plan
- Organizational chart and list of employees
- Fee Schedule
- Copy of proposed Debt Settlement Agreement
- Copy of proposed Debt Settlement Budget Analysis Form
- Credit reports for the business and/or individual if sole proprietorship, partners if a partnership & officers if a Corporation/LLC
- Three (3) reference letters; one of which will be from a financial institution and one from the debt settlement industry.
- List of other states where licensed and/or operating detailing State Agency, date licensed, contact person, address and telephone number