

**CILA License 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" as provided in the application packet 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 more than 25% of the corporate stock, if the applicant is a corporation; and
  - D) the manager, if the applicant is a limited liability company
- 4) Most recent year-end and quarter-end financial statements, or opening statements for new corporations, completed according to Generally Accepted Accounting Principals and certified by original signature of the applicant, President, or manager of a limited liability, or partner thereof. The balance sheet must contain only business-related items and demonstrate a net equity (total assets minus total liabilities) of \$30,000.
- 5) Original \$25,000 Surety Bond in favor of the Director of the Illinois Division of Financial Institutions, signed and sealed by the applicant and Attorney-in-Fact of the bonding company
- 6) Appointment of Attorney-in-Fact for Service of Process
- 7) Photographs of both the inside and outside of the proposed location
- 8) Business Plan:
  - A) Detail the nature, amount, interest, and term of loans to be made.
  - B) State whether you intend to offer CILA loans that mature in less than a year and which charge interest rates in excess of those permitted by the Payday Loan Reform Act (PLRA).
  - C) State whether you intend to offer CILA loans that mature in less than a year and which refinance loans originally made pursuant to the PRLA.
  - D) State whether you recommend to customers the use of CILA loans that mature in less than a year to refinance loans under the PRLA.
  - E) State whether you intend to permit renewals or rollovers of CILA loans.
- 9) A request for authorization of any other business not specifically permitted by CILA to be conducted at the licensed location OR a sworn statement that the proposed location will not share the premises with that of another business
- 10) 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 If said license has been withdrawn, refused, cancelled, or suspended in any other state, please state the specifics surrounding this event
- 11) Information Form as provided in application packet
- 12) A check in the amount of \$450 made payable to the Director of the Division of Financial Institutions to serve as a license fee, or one-half of the above fee if the application is filed after June 30<sup>th</sup>
- 13) A check in the amount of \$300 made payable to the Director of the Division of Financial Institutions to serve as the application fee.
- 14) A check payable to the Director of the Division of Financial Institutions in the amount of \$100 per Other Business Authorization (OBA) requested. NOTE: Only one OBA is issued to a company to cover all licensed locations.

**Note:** The requirements of items 2 and 3 may be waived, provided that the applicant has previously submitted the information to the Department in a previous license application within the last 5 years and there have been no 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 W. Randolph, 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  
CONSUMER INSTALLMENT LOAN 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 Consumer Installment Loan 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. Type of Ownership: Sole Proprietorship \_\_\_\_\_, Partnership \_\_\_\_\_,  
Corporation \_\_\_\_\_, Limited Liability Company \_\_\_\_\_,  
Other \_\_\_\_\_

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

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

11. 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.

12. 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.

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

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

STATE OF ILLINOIS  
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)

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
Division of Financial Institutions

LICENSEE BOND

Consumer Installment Loan Act

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_  
Corporate or Company Name

\_\_\_\_\_  
Street Address City/State

and, \_\_\_\_\_

as surety, are held and firmly bound unto the Director of the Division of Financial Institutions, for the use of the State and of any person or persons who may have a cause of action against the obligors of this instrument, under the provisions of the Act hereinafter described, in the penal sum of \_\_\_\_\_ for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

The condition of the above obligation is such that the above

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

has applied for a license for the term ending December 31, 20\_\_\_\_, to transact the business of making loans in accordance with the provisions of the Illinois Consumer Installment Loan Act.

Now, if the said \_\_\_\_\_  
Corporate or Company Name

shall, upon issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and of all rules, regulations and directions lawfully made by the Director of Financial Institutions thereunder, and will pay to the State and to any person or persons from said obligors, under and by virtue of the provisions of said Act, then this obligation to be void, otherwise to remain in full force and effect.

\_\_\_\_\_  
Corporate or Company Name (Seal)

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

By \_\_\_\_\_ (Seal)  
Secretary, Owner or Partner

(SEAL)

\_\_\_\_\_  
Surety or Bonding Company (Seal)

By \_\_\_\_\_ (Seal)  
Illinois Attorney-in-Fact

(Attach Power of Attorney)

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
DIVISION OF FINANCIAL INSTITUTIONS

APPOINTMENT OF ATTORNEY-IN-FACT FOR SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

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

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

\_\_\_\_\_ does hereby appoint the  
County State

incumbent Director of the Division of Financial Institutions of the State of Illinois and his successors in office, or any official who shall hereafter be charged with the administration of the Consumer Installment Loan Act, its attorney-in-fact upon whom all processes of law against it arising out of any transaction under the Consumer Installment Loan Act may be served. The appointment of the Director of Financial Institutions as attorney-in-fact is conditional upon the issuing of a license to conduct a business of making loans under the Consumer Installment Loan Act and in the event that a license is not granted, this appointment shall remain in full force and effect and may not be revoked except by consent of the Director of Financial Institutions. In the event that the license of said applicant is revoked, surrendered or otherwise terminated, the appointment of the Director of Financial Institutions as attorney-in-fact to accept service of process shall continue until such time as all matters arising out of the conduct of said licensee's business in this state shall have been concluded.

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

**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)

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 Department 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