

THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 15

CONSUMER INSTALLMENT LOAN ACT
RENEWAL CHECKLIST

ENCLOSE ALL APPLICABLE FORMS DETAILED BELOW.

____ 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- ___ C. STATE WHETHER YOU INTEND TO OFFER CILA LOANS THAT MATURE IN LESS THAN A YEAR AND WHICH REFINANCE LOANS ORIGINALLY MADE PURSUANT TO THE PRLA.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

____ APPLICATION COMPLETED AND SIGNED

____ MULTIPLE LICENSED LOCATIONS FORM

____ OTHER BUSINESS AUTHORIZATION FORM

____ LICENSEE BOND IN THE INSURED SUM OF \$25,000 PER LOCATION, PROPERLY SIGNED BY ALL PARTIES

____ INFORMATION FORM

____ SUPPLEMENTAL APPLICATIONS AND CREDIT REPORTS FOR ALL NEW PRINCIPALS

____ CORRECT REMITTANCE OF \$450 PER LOCATION PLUS \$25 PER OTHER BUSINESS AUTHORIZATION. SUBMIT A SEPARATE CHECK FOR EACH OBA. FEES ARE NOT REFUNDABLE.

IF ALL OF THE ABOVE ARE NOT INCLUDED, YOUR APPLICATION IS INCOMPLETE.

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

Renewal Prepared by: _____ Date: _____

Telephone #: _____

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

This form was last updated November, 2009

CONSUMER INSTALLMENT LOAN ACT

APPLICATION FOR RENEWAL OF LICENSE

MUST BE FILED ANNUALLY ON OR BEFORE DECEMBER 15

To: Director of the Division of Financial Institutions

The undersigned hereby requests renewal of LICENSE NO. _____, issued in accordance with the provisions of the Illinois Consumer Installment Loan Act.

Licensee _____
Corporate or Company Name Telephone No.

Contact Person: _____
Fax No. FEIN

Title: _____

Website Address: _____ E-Mail Address: _____

Application Prepared By: _____

Place where business is conducted _____
Street

City County Zip Code

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

We tender a check, draft or money order (payable to the Division of Financial Institutions) in the sum of \$450.00 as the annual license fee and a Bond in the sum of \$25,000.00 bound unto the Division of Financial Institutions.

(Application Page 1 of 2)

(Application Page 2 of 2)

Under penalties of law, I declare that I have examined the application and all supporting documents submitted by me, and to the best of my knowledge they are true, correct and complete.

Name of Licensee

By _____
(President, Owner, Partner)

By _____
(Secretary, Owner, Partner)

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 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 hand 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 the Division 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
By _____
President, Owner or Partner
By _____
Secretary, Owner or Partner

Surety or Bonding Company
By _____
Illinois Attorney-in-Fact

(Attach Power of Attorney)

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)

(City) (State) (Zip Code) (Address)

(If more space is required attach a separate sheet)

CONSUMER INSTALLMENT LOAN ACT

SUPPLEMENTAL APPLICATION

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: _____

(Supplemental Application Page 2 of 3)

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 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 docket number.

(Supplemental App. Page 3 of 3)

Under penalties of law, I declare that I have examined the application and all supporting documents submitted by me, and to the best of my knowledge they are true, correct, and complete.

(Signature of Applicant)

Date

Name & Title (Please Type or Print)

Resident Address

City

State

Zip Code

