

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