

**THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 1**

**DEBT MANAGEMENT ACT**  
**LICENSE RENEWAL CHECKLIST**

- \_\_\_\_\_ RENEWAL APPLICATION COMPLETED AND SIGNED
- \_\_\_\_\_ CURRENT CLIENT AGREEMENT
- \_\_\_\_\_ SURETY BOND IN THE SUM OF \$25,000
- \_\_\_\_\_ INFORMATION FORM
- \_\_\_\_\_ PERSONAL INFORMATION FOR INDIVIDUAL MAKING APPLICATION
- \_\_\_\_\_ MOST RECENT BALANCE SHEET AND INCOME STATEMENT
- \_\_\_\_\_ CHARITABLE TRUST REGISTRATION NUMBER (IF 501(c)(3))
- \_\_\_\_\_ 2015 FISCAL YEAR-END AUDITED FINANCIAL STATEMENT (IF 501(c)(3))
- \_\_\_\_\_ CORRECT REMITTANCE OF LICENSE FEE (\$100.00 PER LICENSE)
- \_\_\_\_\_ FEIN #

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:

**ILLINOIS DEPT. OF FINANCIAL & PROFESSIONAL REGULATION**  
**DIVISION OF FINANCIAL INSTITUTIONS**  
**CONSUMER CREDIT SECTION**  
**320 W. WASHINGTON, SUITE 550**  
**SPRINGFIELD, IL 62701**

Renewal Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

STATE OF ILLINOIS  
APPLICATION FOR RENEWAL OF LICENSE

**MUST BE FILED ON OR BEFORE DECEMBER 1**

The undersigned requests renewal of certificate number \_\_\_\_\_ issued in accordance with the provisions of the Debt Management Service Act.

Applicant: \_\_\_\_\_  
(Complete name of Agency or Business)

Location of Business: (Street) \_\_\_\_\_, (Suite #) \_\_\_\_\_  
(City) \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone Number: (Area) \_\_\_\_\_ (No.) \_\_\_\_\_ Fax Number: (Area) \_\_\_\_\_ (No.) \_\_\_\_\_

Email address: \_\_\_\_\_

State Where Organized: \_\_\_\_\_ Date of Organization: \_\_\_\_\_

Name, Title & Telephone Number of Individual making application: (Name) \_\_\_\_\_  
(Title) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (No.) \_\_\_\_\_

We tender the following:

**A copy of our most recent Balance Sheet and Income Statement.**

**A copy of our current Client Agreement.**

**A check, draft or money order, payable to Director of Financial Institutions, in the sum of \$100.00 for the annual license fee.**

**A surety bond in the sum of Twenty Five Thousand Dollars (\$25,000) as required by law.**

**An Information Form**

**A Personal Information Form for the individual making application or, if a branch, the branch manager or counselor.**

**A copy of current charitable trust registration, if operating as a Not-for-Profit.**

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

\_\_\_\_\_  
President, Owner, Partner

\_\_\_\_\_  
Secretary, Owner, Partner

**BOND**

KNOW ALL MEN BY THESE PRESENTS, THAT \_\_\_\_\_

\_\_\_\_\_  
(Name and Business Address of Applicant)

of the City of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_, as principal, and \_\_\_\_\_

\_\_\_\_\_  
(Name of Surety)

of the City of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ as surety, are held and firmly bound unto the Director of Financial Institutions, for the use of the State of Illinois and of any person or persons who may have a cause of action against the obligor in this bond under and by virtue of the provisions of an Act of the General Assembly of Illinois entitled

“An Act in relation to the regulation, licensing and bonding of persons engaged in rendering debt management services to individuals by receiving funds from individuals and managing and distributing the same to the creditors thereof,” approved November 14, 1997, as amended.

in the penal sum of Twenty Five Thousand Dollars (\$25,000.00) for the period from this date \_\_\_\_\_ to December 31, \_\_\_\_\_, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, aforesaid principal has applied for a license under the provisions of the aforesaid Act,

NOW, THEREFORE, the condition of the foregoing obligation is such that, if the said principal will faithfully conform to and abide by the provisions of the aforesaid Act, and all of the rules, regulations and directions lawfully made by the Director of Financial Institutions, and will pay to the State or to such person or persons from the said principal under and by virtue of the provisions of the aforesaid Act, then this obligation to be void; otherwise to remain in full force and effect.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Director of Financial Institutions, a sixty (60) days written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said sixty (60) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

(CORPORATE)  
(SEAL)

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

By \_\_\_\_\_  
President, Owner or Partner

\_\_\_\_\_  
Secretary, Owner or Partner

\_\_\_\_\_  
Surety

ATTEST:

\_\_\_\_\_  
Secretary

**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)

**STATE OF ILLINOIS  
PERSONAL INFORMATION FORM**

TO: Director of Division of Financial Institutions

The following personal information is furnished as a part of the application for a license under the Debt Management Service Act. This information should be completed by the owner, if applicant is a sole proprietorship; the partners, if a partnership; the chairman, president, or executive director, if a corporation. If this application is for a branch location, the information should be completed by the person in charge of the branch.

All answers must be typewritten or legibly printed:

Full Name of Business: \_\_\_\_\_

Business Address: (No. & Street) \_\_\_\_\_ (Suite #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name of Individual(s) completing application: \_\_\_\_\_

Home address: (No. & Street) \_\_\_\_\_ (City) \_\_\_\_\_  
(State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Area Code & Telephone No.): \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EDUCATION: Name of High School \_\_\_\_\_  
Name of College \_\_\_\_\_  
Degree \_\_\_\_\_  
Other \_\_\_\_\_

Courses taken that have prepared you for performing Debt Management Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCE: Company Name \_\_\_\_\_ Years: From \_\_\_\_\_ To \_\_\_\_\_  
Address (No. & Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Principle Duties \_\_\_\_\_  
\_\_\_\_\_

PERSONAL REFERENCES: Show the names of two persons not related to you, nor employers, with whom you are well acquainted and who can attest to your character.

**Name** \_\_\_\_\_ Telephone No. (Area) \_\_\_\_\_ (No.) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

**Name** \_\_\_\_\_ Telephone No. (Area) \_\_\_\_\_ (No.) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever indicted and/or convicted of any offence (other than minor traffic violations)?

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

**If yes, give details on a separate sheet.**

Have you ever been involved in a civil suit?

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

**If yes, give details on a separate sheet.**

Have you ever had a State or local business license subject to any fine or other regulatory action?

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

**If yes, give details on a separate sheet.**

Have you ever filed personal or business bankruptcy?

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

**If yes, give details on a separate sheet.**

Has *Licensee, any Officer or Director* ever been issued or subject to any Fine, Order, Settlement, or Agreement by any State or Federal regulatory authority?

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

**If yes, provide details, including copy of official document and case or file number, on a separate sheet.**

**Please provide the following information:**

# Of Total Clients as of 9/30/2016 # \_\_\_\_\_

# and \$ of Illinois Clients as of 9/30/2016 # \_\_\_\_\_ \$ \_\_\_\_\_

# Of Illinois Clients added 10/1/2015 thru 9/30/2016 # \_\_\_\_\_

# Of Illinois Clients closed 10/1/2015 thru 9/30/2016 # \_\_\_\_\_

*Note - \$ is requesting the "Aggregate amount of USD held in trust account for IL customers as of 9/30/16".*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Division of Financial Institutions to investigate and verify any information contained in my Debt Management Service application or any other information relevant to my qualifications for licensure.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date: \_\_\_\_\_