

**THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 15**

**CONSUMER INSTALLMENT LOAN ACT**  
**RENEWAL CHECKLIST**

**ENCLOSE ALL APPLICABLE FORMS DETAILED BELOW.**

\_\_\_\_ BUSINESS PLAN MUST INCLUDE BUT NOT LIMITED TO THE FOLLOWING:

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- C) STATE WHETHER YOU INTEND TO OFFER CILA LOANS THAT MATURE IN LESS THAN A YEAR AND WHICH REFINANCE LOANS ORIGINALLY MADE PURSUANT TO THE PRLA.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

\_\_\_\_ DISCLOSURE OF LICENSURE.

\_\_\_\_ LICENSEE BOND IN THE INSURED SUM OF \$25,000 PER LOCATION, PROPERLY SIGNED BY ALL PARTIES. (ENSURE THAT THE BOND OR CONTINUATION CERTIFICATE HAS THE PROPER TERM ENDING)

\_\_\_\_ INFORMATION FORM. (PLEASE ENSURE THAT THE PERCENT OF OWNERSHIP TOTALS 100%)

\_\_\_\_ SUPPLEMENTAL APPLICATIONS AND CREDIT REPORTS FOR ALL NEW PRINCIPALS. (PLEASE ENSURE THAT YOU ALSO SUBMIT A CREDIT REPORT FOR ANY NEW PRINCIPAL)

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

\_\_\_\_ COMPLETE MOST RECENT QUARTER END FINANCIAL STATEMENTS. (BALANCE SHEET AND INCOME STATEMENT- \* CERTIFIED).

**\* We are requesting that a controlling person add a signed statement like the following:**

**I certify that the attached financial statements are true and correct to the best of my knowledge and ability.**

\_\_\_\_ COPY OF CERTIFICATE OF GOOD STANDING FROM THE SECRETARY OF STATE IN IL.

**PLEASE NOTE:**

**IF ANY OF THE ABOVE IS MISSING OR THERE ARE ANY OUTSTANDING FEES OR FINES YOUR RENEWAL APPLICATION MAY BE DELAYED.**

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  
100 W. Randolph St., Suite 9-100  
CHICAGO, ILLINOIS 60601

Renewal Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ E-mail Address (Compliance Officer): \_\_\_\_\_

**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 Application for each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name or names of affiliated 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.

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 \_\_\_\_\_  
(Authorized Representative)

**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 hands 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 \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Surety or Bonding Company

By \_\_\_\_\_  
Illinois Attorney-in-Fact

(Attach Power of Attorney)

**INFORMATION FORM**

I. Name, Title, Percent of Ownership and Resident Address of Every Officer of the Licensed Entity.

A. \_\_\_\_\_  
(Name) (Title) (Percent of Ownership)

\_\_\_\_\_

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

B. \_\_\_\_\_  
(Name) (Title) (Percent of Ownership)

\_\_\_\_\_

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

C. \_\_\_\_\_  
(Name) (Title) (Percent of Ownership)

\_\_\_\_\_

(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 Ownership)

\_\_\_\_\_

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

B. \_\_\_\_\_  
(Name) (Title) (Percent of Ownership)

\_\_\_\_\_

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

C. \_\_\_\_\_  
(Name) (Title) (Percent of Ownership)

\_\_\_\_\_

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

(If more space is required attach a separate sheet)

III. Name, Percent of Ownership and Resident Address of Each Owner/Partner of the Licensed Entity who is Not Listed Above.

C. \_\_\_\_\_  
(Name) (Percent of Ownership)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

C. \_\_\_\_\_  
(Name) (Percent of Ownership)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

C. \_\_\_\_\_  
(Name) (Percent of Ownership)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Address)

(If more space is required attach a separate sheet)

**The Percentage of Ownership from Section I, II and III Must Total 100%**

**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: \_\_\_\_\_

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 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.

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







**DIVISION OF FINANCIAL INSTITUTIONS**

**DISCLOSURE OF LICENSURE**

The Division of Financial Institutions requires that any owner of a licensee disclose any ownership interest in any entity licensed under the Consumer Installment Loan Act and/or Payday Loan Reform Act. If the applicant is a publicly traded corporation this information is not required unless the corporation itself holds these licenses under a related entity.

Name of Owner: \_\_\_\_\_

Ownership Interest in CILA Licensee Yes \_\_\_ No\_\_\_

Ownership Interest in Payday Loan reform Act Licensee Yes \_\_\_ No\_\_\_

License Number of Entity: \_\_\_\_\_

Name of Licensed Entity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Ownership Interest in CILA Licensee Yes \_\_\_ No\_\_\_

Ownership Interest in Payday Loan reform Act Licensee Yes \_\_\_ No\_\_\_

License Number of Entity: \_\_\_\_\_

Name of Licensed Entity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Ownership Interest in CILA Licensee Yes \_\_\_ No\_\_\_

Ownership Interest in Payday Loan reform Act Licensee Yes \_\_\_ No\_\_\_

License Number of Entity: \_\_\_\_\_

Name of Licensed Entity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Ownership Interest in CILA Licensee Yes \_\_\_ No\_\_\_

Ownership Interest in Payday Loan reform Act Licensee Yes \_\_\_ No\_\_\_

License Number of Entity: \_\_\_\_\_

Name of Licensed Entity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Ownership Interest in CILA Licensee Yes \_\_\_ No\_\_\_

Ownership Interest in Payday Loan reform Act Licensee Yes \_\_\_ No\_\_\_

License Number of Entity: \_\_\_\_\_

Name of Licensed Entity: \_\_\_\_\_

If additional space is required please make additional copies of this page.