

THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 31

PAYDAY LOAN REFORM ACT
RENEWAL CHECKLIST

ENCLOSE ALL APPLICABLE FORMS DETAILED BELOW.

____ APPLICATION COMPLETED AND SIGNED.

____ MULTIPLE LICENSED LOCATIONS FORM.

____ OTHER BUSINESS AUTHORIZATION FORM.

____ LICENSEE BOND IN THE INSURED SUM OF \$50,000 PER LOCATION, UP TO A MAXIMUM AMOUNT OF \$500,000, PROPERLY SIGNED BY ALL PARTIES.
(ENSURE THAT THE BOND OR CONTINUATION CERTIFICATE HAS THE PROPER TERM ENDING)

____ INFORMATION FORM.

____ 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 \$1000 PER LOCATION. 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 (Compliance Officer): _____

PAYDAY LOAN REFORM ACT

APPLICATION FOR RENEWAL OF LICENSE

MUST BE FILED ANNUALLY ON OR BEFORE DECEMBER 31

To: Director of the Division of Financial Institutions

The undersigned requests renewal of LICENSE NO. _____, issued in accordance with the provisions of the Illinois Payday Loan Reform 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 (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 \$1000.00 as the annual license fee and a Bond in the sum of \$50,000.00 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

PAYDAY LOAN REFORM 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 Payday Loan Reform ct.

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, 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)

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

PAYDAY LOAN REFORM ACT

SUPPLEMENTAL APPLICATION FORM

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

MULTIPLE LICENSED LOCATIONS FORMS
PAYDAY LOAN REFORM ACT

Must be completed in the event of multiple licenses:

LICENSEE'S NAME: _____

(\$1000.00 EACH LICENSE)
(FEES ARE NOT REFUNDABLE)

<u>LICENSE #</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>PHONE #</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL AMOUNT \$ _____

OTHER BUSINESS AUTHORIZATIONS FORM

PAYDAY LOAN REFORM ACT

LICENSEE'S NAME: _____

All licensees wishing to renew an OBA must submit a detailed business plan describing the purpose of OBA or OBA's.

(SEPARATE \$25.00 CHECK FOR EACH OTHER BUSINESS AUTHORIZATION)
(FEES ARE NOT REFUNDABLE)

<u>TITLES OF OTHER BUSINESS AUTHORIZATIONS</u>	<u>DATE ISSUED</u>	<u>CURRENTLY USED?</u>		<u>AMOUNT</u>
		<u>YES</u>	<u>NO</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____