

Office Use Only
Check#
Check Amt. _____
Fee Slip# _____

APPLICATION FOR RENEWAL OF SAFETY DEPOSIT VAULT LICENSE

Full legal name under which applicant conducts business:

License No. _____

Address at which above business is conducted:

Telephone Number: _____

TO: ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION

DIVISION OF FINANCIAL INSTITUTIONS

CONSUMER CREDIT SECTION

320 W. WASHINGTON

SPRINGFIELD, ILLINOIS 62701

(Date) _____ 120 _____

Pursuant to and in compliance with the provisions of The Safety Deposit License Act, the undersigned, hereinafter referred to and designated as the applicant, hereby makes application for renewal of License.

All statements herein made are presented by the applicant as statements of fact to be relied upon in the examination and disposition of the within application.

Applicant hereby represents that no changes have occurred or taken place in connection with the business for which renewal of license is hereby requested that in any way changes, alters or amends any representation made, or information heretofore furnished in connection with application for license heretofore submitted to the Division of Financial Institutions.

If any material changes have been made in construction of vault, thickness of doors, locking devices in connection therewith or protective alarm system, describe changes.

Vault _____

Door _____

Locking Devices _____

Alarm System _____

THE FOLLOWING MUST BE ANSWERED

1. Are vault doors of steel not less than 3 1/2 inches in thickness at the minimum point? _____
2. Are vault walls, ceiling and floor of equal resistance to doors? _____
3. Are there time locking devices in connection with safe, vault or other fixtures? _____
4. Is there a burglar alarm system for safe, vault or other fixtures? _____
5. Do you have a sign in large print in a conspicuous place informing the depositor the type of protection furnished by licensee? _____
6. State any changes in managing officers during the past year. _____

The within and foregoing application must be verified, in the case of a corporation, by one of the officers thereof; or by a member of the firm trust, partnership or association, if the applicant is non-incorporated; or by the individual, if application pertains to a sole proprietorship.

ANNUAL RENEWAL

FEE . • \$50.00

By _____

Title _____

STATE OF _____)

) ss.

COUNTY OF _____)

I, _____ being first fully sworn, and upon my oath state (a) that I am properly empowered to execute and submit the foregoing instrument; (b) that I have read the answers supplied to the several interrogatories presented by such instrument, and all supplementary statements supplied therewith; and (c) that such answers and supporting statements are, to my best knowledge, information and belief, true and complete.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public within and for the above named State and County, by the above named affiant, personally known to me, this _____ day of _____ A.D. 20 _____

My commission expires _____

Notary Public

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, Percentage of Ownership and Resident Address of Each Director of the Licensed Entity.

A. _____
(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