

PAYDAY LENDER LICENSE APPLICATION CHECK LIST

1. Application Form
2. A copy of all organization documents required to be filed with the Illinois Secretary of State and a copy of the filing of assumed business name with the appropriate County Clerk's office if a sole proprietorship.
3. "Supplemental Application" as provided in the application packet and credit report of:
 - a. the proprietor, if the applicant is an individual
 - b. every partner, if the applicant is a partnership
 - c. the President, Secretary, Executive and Senior Vice Presidents, Directors and individuals owning more than 25% of the corporate stock, if the applicant is a corporation; and
 - d. the manager, if the applicant is a limited liability company
4. Most recent year-end and quarter-end financial statements, or opening statements for new corporations, completed according to Generally Accepted Accounting Principals and certified by original signature of the applicant, President, or manager of a limited liability, or partner thereof. The balance sheet must contain only business-related items and demonstrate a net equity (total assets minus total liabilities) of \$30,000.
5. Original \$50,000 Surety Bond in favor of the Director of the Division of Financial Institutions, signed and sealed by the applicant and Attorney-in-Fact of the bonding company
6. Appointment of Attorney-in-Fact for Service of Process
7. Photographs of both the inside and outside of the proposed location
8. Business Plan detailing the nature, amount, and term of loans to be made and types of security that will be taken
9. A list of all states in which the applicant is licensed to issue Payday Loans. If said license has been withdrawn, refused, cancelled, or suspended in any other state, please state the specifics surrounding this event
10. Information Form as provided in application packet
11. A check in the amount of \$1000 forwarded to the Illinois Department of Financial and Professional Regulation to serve as a license fee. Fees are not refundable.
12. A request for authorization of any other business to be conducted at the licensed location
 - a. If requesting an Other Business Authorization please forward a separate check to the Illinois Department of Financial and Professional Regulation in the amount of \$100 per Other Business Authorization (OBA) requested. NOTE: Only one OBA is issued to a company to cover all licensed locations. This fee is non-refundable.

Please return the completed application and related fees to the address list below:

**Illinois Department of Financial & Professional Regulation
Division of Financial Institutions
Consumer Credit Section
100 W. Randolph St. Suite 9-100
Chicago, IL 60601**

Office Use Only
Log No. _____
Check # _____
Fee Slip _____

14. _____ The Proposed site is not within one mile of a horse race track subject to the Illinois Horse Racing Act of 1975, within one mile of a facility at which gambling is conducted under the Riverboat Gambling Act, within one mile of the location at which a riverboat subject to the Riverboat Gambling Act docks, or within one mile of any State of Illinois or United States military base or naval installation.

OR

_____ The location was already in existence as a payday loan business as of June 1, 2005.

15. Does the applicant/entity maintain any other licenses issued by the Department of Financial and Professional Regulation? _____

If YES, please list type of license and license number: _____

16. Describe any other business that will be conducted at this location other than the business of making loans under the Payday Loan Reform Act.

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge they are true, correct and complete.

(Signature of Applicant)

Date

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS

SUPPLEMENTAL APPLICATION PAYDAY LENDER LICENSE

All answers must be **TYPED** or legibly **PRINTED**. 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: _____

Principal Duties: _____

Years _____

From To Company Name: _____

Company Address: _____

Position Held: _____

Principal Duties: _____

Years _____

From To Company Name: _____

Company Address: _____

Position Held: _____

Principal 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 document number.

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge they are true, correct and complete.

(Signature of Applicant)

Date

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS

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 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, firmly by these presents.

Witness our hands and seals 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 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 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)

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS

APPOINTMENT OF ATTORNEY-IN-FACT FOR SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Corporate or Company Name

Street City

County State

_____ does hereby appoint the
incumbent Director of the Division of Financial Institutions of the State of
Illinois and his/her successors in office, or any official who shall hereafter be
charged with the administration of the Payday Loan Reform Act, its
attorney-in-fact upon whom all processes of law against it arising out of any
transaction under the Payday Loan Reform Act may be served. The
appointment of the Director of Financial Institutions as attorney-in-fact is
conditional upon the issuing of a license to conduct a business of making loans
under the Payday Loan Reform Act and in the event that a license is not
granted, this appointment shall remain in full force and effect and may not be
revoked except by consent of the Director of Financial Institutions. In the
event that the license of said applicant is revoked, surrendered or otherwise
terminated, the appointment of the Director of Financial Institutions as
attorney-in-fact to accept service of process shall continue until such time as
all matters arising out of the conduct of said licensee's business in this state
shall have been concluded.

IN WITNESS WHEREOF, the applicant has set his hand and seal in the City of
_____ State of _____,
On _____ 20____

(CORPORATE SEAL) By _____
(President, Owner, Partner)
By _____
(President, Owner, Partner)

CORP. FILE NUMBER
IF OUT OF STATE

Subscribed and sworn to before me this _____ day of _____ 20____
Notary Public _____ My Commission Expires _____

NOTARY SEAL

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. _____
(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)

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