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 If said license has been withdrawn, refused, cancelled, or suspended in any other state, please state the specifics surrounding this event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__________
Application is hereby made to the Director of Financial Institutions for a license to engage in the business under the provisions of the Illinois Payday Loan Reform Act.

1. Full Name of Applicant: ________________________________________________________________

2. Proposed Licensed Location: ____________________________________________________________
   (Address)
   (City)   (County)   (State)   (Zip Code)

3. Corporate Address: _____________________________________________________________
   (Address)
   (City)   (State)   (Zip Code)

4. Telephone #          Fax #

5. Contact Person          Federal Employer I.D. #

6. Type of Ownership:  Sole Proprietorship ____, Partnership ____,
   Corporation ____, Limited Liability Company ____,
   Other __________________________________________________________________________

7. If the entity is a corporation, State of Incorporation: ________________________________

8. Is applicant licensed to issue Payday Loans in any other State or Territory of the U.S.? __________ 
   IF Yes, provide a list of the States.

9. At any time has the applicant entity listed above had its license cancelled or suspended in any other State or Territory of the U.S.? __________________________
   IF Yes, provide full details on a separate sheet.

10. At anytime has the applicant ever had an application for a license to issue Payday Loans withdrawn or refused in any other State or Territory of the U.S.? __________________________
    IF Yes, provide full details on a separate sheet.

11. If entity is a foreign corporation, date and number of Charter in Illinois: __________________________

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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

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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)
KNOW ALL MEN BY THESE PRESENTS:

THAT ________________________________________________________________

Corporate or Company Name

Street         City

_________________________________________ does hereby appoint the

County    State

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 _______________ day of _______________ 20_____.

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

By __________________________ (President, Owner, Partner)

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 theLicensed 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%