

MULTI-STATE BRANCH OFFICE LICENSURE FORM

Date of filing (MM/DD/YYYY): _____

- NEW APPLICATION AMENDMENT (To amend, circle or identify item(s) being amended.)
 SURRENDER OTHER (review jurisdiction-specific instructions) _____

License Number information (if applicable) is optional. Use additional sheets if necessary.

State	License #	State	License #	State	License #
State	License #	State	License #	State	License #

Company full legal name (as appeared in Item 1A on Form MU1): _____

1. Identifying Information

Branch address, mailing address, if different, and branch office's telephone numbers:

(A) Physical address:

 Number & Street City State / Province & Country Zip+4 / Postal Code

(B) Mailing address, if different from Physical address:

 PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(C) Telephone Numbers:

() - ext () - _____
 Business Phone Fax Line e-mail address

2. Other Trade Names

All Other Trade Name the branch utilizes should be listed. (Use additional sheets as necessary).

 Other Trade Names or "dba" used at this branch States that the Other Trade Name is used

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3. Branch Manager

A Branch Manager is required for each Branch Location. The Branch Manager will be required to complete form MU2. (Use additional sheets as necessary).

- Identify applicable industry: Consumer Finance Debt Management/Collection/Settlement
 Money Service Business Mortgage

 Name NMLS ID No.

4. Web Address

Provide the full web address(es) for the branch and any separate websites for other trade names identified in question 2 (if one exists).

(A) Website address: _____
 Is your company accepting applications or transacting business through this website? YES NO

(B) Website address: _____
 Is your company accepting applications or transacting business through this website? YES NO

(C) Website address: _____
 Is your company accepting applications or transacting business through this website? YES NO

5. Books and Records Information

Provide the information requested below for the records custodian maintaining records for this branch. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for this branch, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

Check here if same as previously specified principal records location (Item 7 on Form MU1).

_____ Company _____ Last Name _____ First Name _____
 _____ Business Address _____ City _____ State / Province & Country _____ Zip+4 / Postal Code _____
 () _____ - _____ ext _____ () _____ - _____ E-mail address _____
 Business Phone _____
 Identify applicable industry: Consumer Finance Debt Management/Collection/Settlement
 (Optional) Money Service Business Mortgage

Identify the state(s) for which every listed record custodian maintains records for the company: _____

Comments: _____

6. Operation Information

(a).	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b).	Will this branch office have sole responsibility for decisions relating to individuals participating in financial-related services; (a) with respect to employment? (b) with respect to compensation?	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
(c).	Other than the entity, is anyone responsible for the expenses or have a financial ownership/liability interest in the activities of this branch? If answered yes, complete the following section for each person responsible for the expenses or with a financial ownership/liability interest.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

7. Expense Information

Provide the following contact information about the party responsible for expenses or with a financial ownership/liability interest. Indicate whether or not the party maintains a financial services related license. In the Explanation provide the relevant details to the party's responsibility on expenses or financial ownership/liability interest. If no party other than the company is responsible for expenses of this branch, leave blank.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Business Address, City, State/Province, Zip/Postal Code	Business Phone Numbers	Separately Licensed?		Explanation
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

8. Business Activities

Identify below all types of financial service activities engaged in or to be engaged in by your company in any state in which you operate or plan to operate. Review all sections and Business Activities below and the definitions of each term in making your determination.

Mortgage		Consumer Finance		Debt Related Industries		Money Services Business	
<input type="checkbox"/>	First mortgage brokering	<input type="checkbox"/>	Payday lending - storefront	<input type="checkbox"/>	First party debt collection	<input type="checkbox"/>	Money transmitting (if yes, please indicate specific activities below as applicable)
<input type="checkbox"/>	Second mortgage brokering	<input type="checkbox"/>	Payday lending - online	<input type="checkbox"/>	Third party debt collection	<input type="checkbox"/>	<input type="checkbox"/> Electronic money transmission
<input type="checkbox"/>	First mortgage lending	<input type="checkbox"/>	Consumer loan brokering	<input type="checkbox"/>	Debt negotiation	<input type="checkbox"/>	<input type="checkbox"/> Issuing traveler's checks
<input type="checkbox"/>	Second mortgage lending	<input type="checkbox"/>	Consumer loan lending	<input type="checkbox"/>	Debt settlement/debt adjuster	<input type="checkbox"/>	<input type="checkbox"/> Selling traveler's checks
<input type="checkbox"/>	First mortgage servicing	<input type="checkbox"/>	Consumer loan servicing	<input type="checkbox"/>	Passive debt buying (does not undertake direct collections on accounts)	<input type="checkbox"/>	<input type="checkbox"/> Issuing money orders
<input type="checkbox"/>	Third party first mortgage servicing	<input type="checkbox"/>	Sales finance company activities	<input type="checkbox"/>	Active debt buying (undertakes direct collections on accounts)	<input type="checkbox"/>	<input type="checkbox"/> Selling money orders
<input type="checkbox"/>	Subordinate lien mortgage servicing	<input type="checkbox"/>	Title lending	<input type="checkbox"/>	Debt/Credit counseling	<input type="checkbox"/>	<input type="checkbox"/> Bill paying
<input type="checkbox"/>	Third party subordinate lien mortgage servicing	<input type="checkbox"/>	Refund anticipation lending	<input type="checkbox"/>	Credit repair	<input type="checkbox"/>	<input type="checkbox"/> Issuing and/or selling drafts
<input type="checkbox"/>	Short sale	<input type="checkbox"/>	Premium finance company activities	<input type="checkbox"/>	Judgment recovery	<input type="checkbox"/>	<input type="checkbox"/> Transporting currency
<input type="checkbox"/>	Foreclosure consulting/ foreclosure rescue	<input type="checkbox"/>	Retail installment selling	<input type="checkbox"/>	Repossession agency activities	<input type="checkbox"/>	<input type="checkbox"/> Issuing prepaid access/ stored value
<input type="checkbox"/>	Home equity lending/ lines of credit	<input type="checkbox"/>	Escrowing agents	<input type="checkbox"/>	Repossession agent activities	<input type="checkbox"/>	<input type="checkbox"/> Selling prepaid access/ stored value
<input type="checkbox"/>	Reverse mortgage originations	<input type="checkbox"/>	1031 exchange companies	<input type="checkbox"/>	Loan modifications	<input type="checkbox"/>	<input type="checkbox"/> Check cashing
<input type="checkbox"/>	High cost home loans	<input type="checkbox"/>	Private student loan lending			<input type="checkbox"/>	<input type="checkbox"/> Foreign currency dealing or exchanging
<input type="checkbox"/>	Bi weekly mortgage services	<input type="checkbox"/>	Non-private student loan lending	<input type="checkbox"/>	Other Financial Services-related business activity not described above (If checked, please briefly describe; consult the NMLS Policy Guidebook for definition of "financial services"):		
<input type="checkbox"/>	Credit insurance services	<input type="checkbox"/>	Rent-To-Own				
<input type="checkbox"/>	Third party mortgage loan processing	<input type="checkbox"/>	Accounting/Billing servicing				
<input type="checkbox"/>	Third party mortgage loan underwriting	<input type="checkbox"/>	Industrial loan lending companies				
<input type="checkbox"/>	Manufactured housing financing	<input type="checkbox"/>	Pawn brokering				
<input type="checkbox"/>	Lead generation						
<input type="checkbox"/>	Commercial mortgage brokering or lending						

EXECUTION: The undersigned, being first duly sworn (or affirm), deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant* and agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;
- (2) To the extent any information previously submitted is not amended such information is currently accurate and complete;
- (3) That the *jurisdiction(s)* to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the *applicant* for purposes of issuing the subject licenses;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *applicant* is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

Notary seal here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ Print Notary Public name on this _____ day of _____, Date Month Year at _____ State County _____ Notary Public signature	_____ Signature of <i>applicant's</i> representative by _____ Print <i>applicant's</i> representative name _____ Notary Appointment Expires (MM/DD/YYYY)
<i>This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</i>		