

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
DIVISION OF FINANCIAL INSTITUTIONS

RE: CONSUMER SMALL LOAN LENDER ACT

Application may be made on the attached forms for a Consumer Small Loan Lending license pursuant to provisions of Minnesota Statutes, Section 47.60, as amended. A copy of this statute is available online at <https://www.revisor.mn.gov/statutes/>.

A \$250 check payable to the **“Department of Commerce”** is required of Consumer Small Loan Lender applicants for each place of business. Note: Minnesota Statutes, Section 45.21 does not allow a subsequent refund of those fees for any reason other than overpayment of fees.

Currently the license is perpetual with only an annual report filing required to be submitted by March 15 of each year. A copy of the current annual report is enclosed and should be used to establish and segregate needed accounting records. Licensed locations must retain copies of legal instruments and payment records for review by the department for consumer complaints. The fee for review is currently \$62.44 per hour based on actual time required to perform the investigation.

Mail the completed, signed application to the Department of Commerce, Division of Financial Institutions, 85 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Should there be any questions, please contact Robin Brown, at (651) 539-1721.

| | | |
|---|---|--------------------------------|
| <p style="text-align: center;">STATE OF MINNESOTA DEPARTMENT OF COMMERCE DIVISION OF FINANCIAL INSTITUTIONS 85 7th PLACE EAST, SUITE 500 ST. PAUL, MINNESOTA 55101-2198 (651) 539-1721</p>  <p style="text-align: center;">CONSUMER SMALL LOAN LENDER FILING APPLICATION</p> | <p>OFFICE USE ONLY</p> Deputy _____ Chief _____ Review _____ Data Entry _____ | <p>CASHIER USE ONLY</p> |
| | License Number | Processing Date |
| | | |

Please read the application carefully and complete all information requested. The application must be completed and signed by the applicant. **Please return the completed application to the Department of Commerce at the above address.** Keep a copy of the application for your records. For further information on the application process, applicants may contact the Division at (651) 539-1721 or via e-mail, financial.commerce@state.mn.us. The application is available on the Commerce website: www.commerce.state.mn.us.

To the Commissioner of Commerce:
The undersigned hereby makes application for a filing to engage in business under and pursuant to the provisions of Minnesota Statutes, Section 47.60, the "Consumer Small Loan Lender Act."

1. APPLICANT INFORMATION

Name of the Corporation, Partnership, Association, LLP, or LLC

Name under which Consumer Small Loan Lender business will be conducted in Minnesota (dba or Assumed Name)

Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

| | | | |
|------|-------|----------|--------|
| City | State | Zip Code | County |
| () | () | | |

| | | |
|--------------|------------|----------------|
| Phone Number | Fax Number | E-mail Address |
| | | |

Check one: Corporation Limited Liability Company Association
 Partnership Limited Liability Partnership Other

Federal Tax Identification Number: _____

Minnesota State Tax Identification Number: _____

- A Minnesota Corporation, Limited Liability Company, or Association must furnish a filed copy of the Certificate of Authority from the Secretary of State.
- A foreign corporation or company must furnish a filed copy of Certificate of Authority to transact business in the State of Minnesota from the Secretary of State (651-296-2803).
- The applicant must provide a Certificate of Good Standing from the state in which the applicant was incorporated or organized.
- If operating under any name other than the exact corporate, partnership, association, LLP or LLC, attach a filed copy of the Assumed Name Certificate from the Minnesota Secretary of State.
- A Partnership must include a copy of the Partnership Agreement.

2. Does the applicant intend to conduct consumer small loan lender business at locations other than the address listed in question 1? If yes, list the additional locations below. A \$250 fee for each location is required.

| Address | City | Name of Manager | Phone Number & FAX Number (include area code) | Email Address |
|---------|------|-----------------|---|---------------|
| | | | | |
| | | | | |
| | | | | |

Does the applicant intend to conduct business on the Internet?

YES NO If YES, list the website address: _____

3. If a Partnership, give name and resident address below; if a Limited Liability Company, give names and resident addresses of the board of governors, chief manager and treasurer; if a Corporation or Association, give names, titles and resident addresses of the directors, trustees and principal officers. A biographical statement (provided with application) must be submitted for each individual listed.

| Full Name of Officer | Official Title | % of Ownership | Residence Address | Business Address |
|----------------------|----------------|----------------|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

(Use separate sheet if additional space is needed)

Complete for the holders of 10 percent or more of the issued and outstanding stock or membership interest of the applicant corporation or limited liability company. A biographical statement (as provided with this application) must be submitted for each individual listed.

| Full Name of Officer | Official Title | % of Ownership | Residence Address | Business Address |
|----------------------|----------------|----------------|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

(Use separate sheet if additional space is needed)

Name, phone number, and address of the manager who is to have charge of the business location under the filing. A biographical statement (as provided with this application) must be submitted for each manager. Attach additional sheets if necessary.

| | | | |
|---------|--|------|----------------|
| Name | | () | |
| Address | | City | State Zip Code |

4. **The following questions must be reviewed and answered by each of the individuals listed in questions 2 and 3. If any individual answers “YES” to any question(s), identify that individual and provide a detailed written explanation and supporting legal documentation with the application.**

Has the applicant or any person listed above:

YES NO

- a. Been a defendant in any lawsuit involving claims of gross negligence, fraud, misrepresentation, mismanagement of funds, conversion, breach of fiduciary duty, breach of conduct, or deceit?
- b. Been the subject of any inquiry or investigation by the Minnesota Department of Commerce or ever been censured, suspended, revoked, cancelled or terminated or been the subject of any type of administrative action in any state including Minnesota, or by any other federal regulatory agency?
- c. Been found by any civil court to have failed to account to a client or customer for money or property collected for or on behalf of the client or customer?
- d. Been a principal or officer of any firm, corporation, partnership, or association, which has filed a bankruptcy petition, been declared bankrupt or filed personal bankruptcy?
- e. Been charged with, indicted for, or convicted of, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), other than traffic violations, in any state or federal court?
- f. Been notified by the Commissioner of Revenue pursuant to Minn. Stat. § 270.72 of delinquent taxes which are currently owed to the State of Minnesota?
- g. Have any unclaimed property (unclaimed funds or property over three years old) to report under Minn. Stat. § 345?

5. **Does any principal, owner, officer, director, or employee of the applicant have an ownership interest in or connection with any other licensee under Minnesota Statutes, Chapters 53, 53A, and 56, or Minn. Stat. § 47.60?**

YES NO If YES, explain: _____

6. **Has any member of applicant’s organization previously held a license under Minnesota Statutes, Chapters 53, 53A, and 56, or Minn. Stat. § 47.60?** YES NO If YES, explain: _____

7. **Is the business for which this application is being submitted currently in existence?** YES NO

Date Business Established

Name Under Which Established

8. **Do you now operate or have you previously operated a consumer finance business in any other state?**

YES NO If YES, list the state and the license name and type in that state: _____

9. **Will any other business be conducted in addition to that specifically authorized by the Act?**

YES NO If YES, explain nature of business: _____

10. **Provide the applicant's most recent financial statement to determine compliance with the \$50,000 liquid asset requirement of Minnesota Statutes, Section 47.60, Subdivision 3 for each filed location.**

11. **APPOINTMENT OF COMMISSIONER AS AGENT FOR SERVICE OF PROCESS**

Service of process must be made in accordance with section 45.028, subdivision 2. **Attach the completed two-page "Uniform Consent to Service of Process" enclosed with this application.**

Any business entity or other person who knowingly engages in business activities that are regulated under this chapter, with or without filing an application, is considered to have done both of the following:

- (1) consented to the jurisdiction of the courts of this state for all actions arising under this chapter; and
- (2) appointed the commissioner as the lawful agent for the purpose of accepting service of process in any action, suit, or proceeding that may arise under this chapter.

12. **PROOF OF WORKERS' COMPENSATION**

Do you have employees in the State of Minnesota? Check box.

YES: provide proof of workers' compensation insurance (as required by Minn. Stat. § 176.182. Documentation must show amounts of coverage, dates of coverage (not expired), and show the licensed company's name and address as being insured.

NO: please explain, on a separate sheet or in the space below, how operations will be transacted.

Failure to provide satisfactory evidence of insurance or proper exemption will result in withholding of approval.

13. **Please complete all of the following information in order to identify which person the Department should contact to address filing matters, annual report follow-ups, and compliance issues.**

Filing Contact: _____

Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code

()

()

Phone Number

Fax Number

E-mail Address

Annual Report Contact: _____

Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code

()

()

Phone Number

Fax Number

E-mail Address

Compliance Officer Contact: _____

Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code

()

()

Phone Number

Fax Number

E-mail Address

14. **ENCLOSURES TO ACCOMPANY APPLICATION.** Check the box if items are included in application:

- a. \$250 filing fee. Make check payable to "Minnesota Department of Commerce".
- b. Attach a copy of the Certificate of Incorporation from the **Minnesota Secretary of State**. If incorporated in another jurisdiction, attach a copy of the "Certificate of Foreign Corporation" from the **Minnesota Secretary of State** (651-296-2803).
- c. If other than a corporation, attach a copy of the Articles of Organization from the **Minnesota Secretary of State** (651-296-2803).
- d. If applicant is a partnership, attach a partnership agreement.
- e. The name under which the business will be conducted must be exactly the same as the name under which the license will be issued. If operating under any name other than the exact corporate or partnership name, attach a copy of the "Assumed Name Certificate" issued by the **Minnesota Secretary of State**.
- f. Certificate of good standing from the state in which applicant is incorporated, if applicable.
- g. Copy of "Statement of Charges" displayed in place of business or posted on internet.
- h. Copy of consumer loan agreement and Federal Disclosure form.
- i. Evidence of \$50,000 in liquid assets by recent financial statement.
- j. Biographical Statement(s) – For individuals listed in question 3.
- k. If applicant has Minnesota employees, provide evidence of current workers' compensation coverage.
- l. Uniform Consent to Service of Process and acknowledgement form.
- m. Affidavit of Official Signing Application form.

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- Identify you;
- Enable us to contact you when required;
- Assist us in determining your qualifications and eligibility for the license you are applying for;
- Comply with certain federal and state reporting requirements; and
- Evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application pursuant to Minnesota Statutes, section 332B.04, subdivision 1. In particular, you must provide your Minnesota business identification number pursuant to Minnesota Statutes, section 270C.72, subdivision 4.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not the application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- You;
- State personnel who determine your eligibility for licensure;
- Employees of license database vendors;
- The Minnesota Department of Revenue (Minnesota Statutes, section 270C.72, subd. 4);
- The public authority responsible for child support in Minnesota (Minnesota Statutes, section 256.978);
- Any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- Person(s) authorized by a court order; or
- Any other person authorized by state or federal law.

AFFIDAVIT OF OFFICIAL SIGNING APPLICATION

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

STATE OF _____)
COUNTY OF _____) ss.

I, _____, of the
Name and Title of Official

_____, organized in the State
(Name of Corporation, Partnership, LLP, or LLC)

of _____, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Signature of Official

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My commission expires _____

| | | |
|--|---|--|
| <p>STATE OF MINNESOTA</p>  <p>Department of Commerce</p> | <p>Commissioner of Commerce State of Minnesota Department of Commerce Division of Financial Institutions 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 539-1721</p> | <p>CONSUMER SMALL LOAN LENDER LICENSE APPLICATION</p> |
|--|---|--|

UNIFORM CONSENT TO SERVICE OF PROCESS
Page 1 of 2

KNOW ALL BY THESE PRESENTS:

That the Consumer Small Loan Lender applicant, _____
(**Circle one of the following**): (a corporation organized under the laws of the state of _____)
(a limited liability company) (a general or limited partnership) (an association) (other _____)
for the purpose of complying with the laws of the State of Minnesota relating to payday lending, hereby irrevocably appoints Commissioner of Commerce, and the successors in such office, its attorney in the State of Minnesota upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the business of payday lending or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had lawfully been served with process in said state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

(Name and address)

Dated: _____, _____.

By _____

Title: _____

(Seal)

By _____

Title: _____

COMPLETE THE APPROPRIATE ACKNOWLEDGEMENT SECTION ON THE NEXT PAGE

UNIFORM CONSENT TO SERVICE OF PROCESS

Page 2 of 2

CORPORATE ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____) SS.

On this _____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____ and _____, known personally to me to be the _____ President and _____ Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature

State of _____

County of _____

My commission expires _____

NONCORPORATE ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____) SS.

On this _____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____, to me personally known and known to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature

State of _____

County of _____

My commission expires _____

**STATE OF MINNESOTA
ANNUAL REPORT OF CONSUMER FINANCE COMPANIES
CONSUMER SMALL LOAN LENDERS
TO THE COMMISSIONER OF COMMERCE
AS OF DECEMBER 31, 2015**

NOTE: List only Minnesota activity on the following pages:

Licensee: _____

Address: _____

Manager: _____

License Number: _____

Telephone No. (____) _____

Check One:
Consolidated
Individual

**CONSUMER SMALL LOAN ACTIVITY REPORT
For the year ended December 31, 2015**

| | Number | Amount |
|---|--------|--------|
| 1. Small Loan Balance Beginning | | |
| 2. Small Loans Made | | |
| 3. Total (Add lines 1 & 2) | | |
| 4. Small Loans Paid-In-Full | | |
| 5. Small Loans Charged Off | | |
| 6. Total Liquidations (Add lines 4 & 5) | | |
| 7. Ending Balance (Line 3 - Line 6) | | |

Licensee: _____

Address: _____

SCHEDULE I

**MINNESOTA CONSUMER SHORT-TERM LOANS
FOR PERIOD ENDED DECEMBER 31, 2015**

2a. Total dollar amount, over and above principal, collected on consumer short-term loans _____.

2b. Average annual percentage rate for consumer short-term loans _____.

2c. Range of annual percentage rates for consumer short-term loans _____ to _____.

2d. Number of individual borrowers who obtained one or more consumer short-term loans _____.

Breakdown of the number of individual borrowers (identified in 2d) by the number of individual borrowers who obtained:

2e. 5 or more loans * _____

2f. 10 or more loans * _____

2g. 15 or more loans * _____

2h. 20 or more loans * _____

2i. Total number of consumer short-term loans charged or written off _____.

2j. Total dollar amount of consumer short-term loans charged or written off _____.

* NOTE: A borrower receiving a number of consumer short-term loans would be included on each applicable line above (2e through 2h). For instance, an individual borrower obtaining **16** loans during the period would be included in the totals on lines 2e, 2f and 2g (not on line 2h for 20 or more loans received).

Licensee: _____ Address: _____

This affidavit must be executed, if a corporation, by a duly authorized officer of such corporation, or by a partner, if a partnership, or by owner, if an individual.

AFFIDAVIT

State of _____

County of _____

I, _____ of the _____ swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report, (4 pages) are true and that the same is true and complete statement in accordance with the law.

Signed _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My Commission Expires _____

Licensee: _____ Address: _____

Contact Persons for the following: (Include title, address, phone & fax number (800) if avail, and E-mail address).

Annual Report _____

Complaints _____

Billings _____

Notice of Change of Management _____

Licensee: _____ Address: _____

List of Branch Offices (Include address, phone number and branch manager). Add additional pages as needed.

Branch #1: (address) _____

(phone) _____
(manager) _____

Branch #2: (address) _____

(phone) _____
(manager) _____

Branch #3: (address) _____

(phone) _____
(manager) _____

Branch #4: (address) _____

(phone) _____
(manager) _____

BIOGRAPHICAL STATEMENT
THIS FORM MUST BE USED IN ITS ENTIRETY

INSTRUCTIONS:

Complete all items, submit and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

Name and location of proposed consumer small loan lender company

1. Full Name

2. Other names you have used or are now using: (If none, so state.)

3. General Information:

Date of Birth

Place of Birth

4.

Business Address

City

State

Phone

Email

Residence Address

City

State

Phone

Email

Address

Phone

5. What is your highest level of education? Check one.

Less than High School

High School Graduate

Some higher education but no degree

B.S. or B.A. degree

Masters degree or higher

6. Present occupation or business activities: (Describe in detail, giving name, address and type of business.)

7. Past occupations and business activities: (Describe in detail or attach a resume.)

8. Have you ever been discharged from employment for reasons other than lack of work?

YES NO If answer is YES, explain fully.

b. Have you ever been required by a former employer to tender your resignation?

YES NO If answer is YES, explain fully.

9. Give names and address of three (3) business references from within the financial services industry who can attest to your character, reputation, experience, financial responsibility and general fitness:

Name

Address

| | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |

10. Describe characteristics and qualities you possess that demonstrate you can operate a consumer small loan company in compliance with state and federal law. This may include some outside assistance in the early stages to become fully qualified in this area.

* * * * *

I hereby acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representations or with respect to any other documents or papers which contain my signature and have been submitted in connection with the application of

(Name of consumer small loan lender company)

for authority to operate as a consumer small loan lender company shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of approval in this or any other matter; grounds to require my resignation as a director or officer of said consumer small loan lender company, and may subject me to other legal sanctions.

Signature

Date

Proposed: _____
(Applicant – Director, Officer, Stockholder, Manager, etc.)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

State of _____

County of _____

My Commission Expires _____

NOTARY SEAL