



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
 Division of Financial Institutions
 85 7th Place East, Suite 500
 St. Paul, Minnesota 55101
 (651) 539-1700

(For Department Use Only)

**CREDIT SERVICES ORGANIZATION
 REGISTRATION APPLICATION**

REGISTRATION NUMBER

DATE PROCESSED

The data which you furnish on this form will be used by the Department of Commerce to assess your qualifications for a registration. Disclosure of your social security number is voluntary. The Department may use social security numbers for identification purposes. After issuance of the registration, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.

TYPE OF APPLICATION

Credit Services Organization Registration FEE: \$1,000 Please make check or money order payable to MN DEPARTMENT OF COMMERCE. No cash accepted.

BUSINESS INFORMATION Check appropriate box below (Individual Proprietor or Business Entity) and submit required documentation as indicated below.

<input type="checkbox"/> INDIVIDUAL PROPRIETOR	Last Name		First Name		Middle Name
	DBA - Assumed Name (If DBA Name is different from Legal Names listed above, attach Certificate of Assumed Name filed and stamped by the MN Secretary of State)				
	Street Address (P.O. Box must include RR# or Street Address)				
	City		State		Zip Code
	Date of Birth (mo/day/yr)		Business Telephone Number ()		Social Security Number

<input type="checkbox"/> BUSINESS ENTITY	Legal Name of Corporation, Partnership, or Other Business Entity:				
	DBA - Assumed Name (If DBA Name is different from Legal Name listed above, attach Certificate of Assumed Name filed and stamped by the MN Secretary of State)				
	Check One:	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify _____)	
	Business Address (P.O. Box must include RR# or Street Address)				
City		State		Zip Code	
Minnesota Tax Identification Number (To apply for Tax ID #, contact MN Revenue Dept 651-282-5225)		Federal Tax Identification Number		Business Telephone Number ()	

Registered Agent authorized to accept service of process on behalf of the credit services organization:

Last Name		First Name		Middle Name
Residence Address (P.O. Box must include RR# or Street Address)				
City		State		Zip Code

Surety Bond Information:

Surety Bond Number: _____ Bond Amount: \$ _____ (Minimum Bond amount is \$10,000)

Surety Company Name: _____

Attach original, executed Surety Bond and Power of Attorney (form enclosed).

INSTRUCTIONS

1. Attach completed "Disclosure of Owners, Partners, Officers" form.
2. Attach a completed "BCA" form for each individual listed on the "Disclosure of Owners, Partners, Officers" form.
3. If applicant is a Corporation, Partnership LLC, or other Business Entity, attach copy of Articles of Incorporation, or Partnership Agreement signed and dated by all partners, or other Business Organization documents, filed and stamped as required by entity's state of domicile.
4. If DBA Name is different from full legal name of individual or business entity or does not include the full name of each partner, attach copy of Certificate of Assumed Name filed and stamped by the Minnesota Secretary of State (www.sos.state.mn.us).
5. If applicant is a Non-Minnesota Corporation with residents or presence in Minnesota, attach copy of Foreign Corporation Registration (www.sos.state.mn.us).
6. Attach a statement disclosing any state or federal litigation or unresolved complaint filed within the preceding 5 years relating to credit service activities. If none, attach a notarized statement, signed by the applicant, stating "I certify that there has been no state or federal litigation or unresolved complaint within the preceding 5 years relating to credit service activities."
7. The Buyer must be given THREE documents at the time of sale: (1) the Disclosure Statement; (2) the Contract; and (3) the Notice of Cancellation.
8. **DISCLOSURE STATEMENT:** Enclose a copy of the Disclosure Statement form, printed in bold face 10 point type. The Disclosure Statement must comply with language required by Minn. Stat. § 332.57.
 - The Disclosure Statement must be a separate form from the Contract, and the Disclosure Statement must include a place for the Buyer to sign and date the form, acknowledging receipt of the Disclosure Statement prior to execution of a contract or receipt of money or consideration.
 - The Disclosure Statement must state that Minnesota Buyers have the right to cancel the Contract for any reason within "five" working days from the date signed.
9. **CONTRACT:** Enclose a copy of the Contract which the credit services organization intends to execute with its customers. The Contract must be in compliance with Minn. Stat. § 332.58.
 - The Contract must be a single document
 - The Contract must be accompanied by an easily detachable form captioned "Notice of Cancellation" that must be attached to the contract, which must meet all the requirements set forth in Minn. Stat. § 332.58, subd. 1(1).
 - The Contract must specifically state all services to be performed by the credit services organization.
 - The Contract must define any terms used in the Contract.
 - The Contract must state the total fee to be charged for all services to be performed by the credit services organization.
 - The Contract cannot require any prepayment, downpayment, or any other form of payment prior to the completion of all services.
 - The Contract must include the following statement: *"The buyer is not required to make any form of payment to this credit services organization prior to completion of all services listed in this contract."*
 - The Contract must include the following statement *"This credit services organization has fully and completely performed the services included in this contract for (zero) 0% of its customers during the previous calendar year."*
 - The Contract must state the name and address of its Agent in this state authorized to receive service of process.
10. Fee: **\$1,000**. Please make check or money order payable to MN DEPARTMENT OF COMMERCE. No cash accepted.

CERTIFICATION AND APPOINTMENT OF COMMISSIONER AS ATTORNEY FOR SERVICE OF PROCESS

KNOW ALL PEOPLE BY THESE PRESENT: That in compliance of the Laws of the State of Minnesota, I, the undersigned nonresident applicant, do hereby appoint the Commissioner of Commerce of the State of Minnesota, his/her successor or successors, as the true and lawful attorney upon whom may be served all legal process in any action or proceeding in which I or the collection agency may be a party arising out of or relating to the transactions of the registration, and do hereby affirm that I have authority to and do expressly consent and agree that service upon such attorney shall be as valid and binding as if due and personal process has been made upon me or the collection agency and that such appointment shall be irrevocable.

I hereby certify that all the information contained in this application and any accompanying documents are true and complete to the best of my knowledge, and that as the responsible authority for the applicant credit services organization I have reviewed Minnesota Statutes, Sections 332.52 to 332.60 and understand that the credit services organization must comply with those statutory provisions in its conduct in Minnesota. I certify that this document has not been altered in any manner from the form adopted by the Department of Commerce.

SIGNATURE OF CORPORATE APPLICANT	SIGNATURE OF PARTNERSHIP APPLICANT	SIGNATURE OF INDIVIDUAL APPLICANT
Authorized Officer's Signature	Partner's Signature	Individual's Signature
Print Name and Title	Print Name	Print Name
Date Signed	Date Signed	Date Signed

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a Company registration must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address	City, State, Zip	
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

Name		
Address	City, State, Zip	
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

Name		
Address	City, State, Zip	
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

Name		
Address	City, State, Zip	
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

_____ Signature of Owner/Partner/Officer	_____ Title	_____ Date
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This form may be photocopied if additional forms are needed.



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
Division of Financial Institutions
85 7th Place East, Suite 500
St. Paul, Minnesota 55101
(651) 539-1700

BCA FORM

Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE REGISTRATION IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check

PROVIDE PERSON'S COMPLETE LEGAL NAME Please Print		
LAST NAME (if legal last name is hyphenated, enter both names here)		
FIRST NAME		MIDDLE NAME
ADDITIONAL MIDDLE NAME (if applicable)	MAIDEN NAME (if applicable)	FORMER LAST NAME or OTHER NAME (if applicable)
DATE OF BIRTH (mo/day/yr)		SOCIAL SECURITY NUMBER
TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING Credit Services Organization Registration		
THE FOLLOWING SECTION MUST BE COMPLETED IF THE REGISTRATION IS TO BE ISSUED TO A COMPANY:		
NAME OF THE COMPANY: _____		
COMPANY'S ASSUMED NAME (if applicable): _____		
COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER: _____		
COMPANY'S FEDERAL TAX IDENTIFICATION NUMBER: _____		
YOUR TITLE OR POSITION IN THE COMPANY: _____		

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Commerce for a Credit Services Organization registration.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.

Signature (mandatory)

Date

STATE OF MINNESOTA

BOND NUMBER: _____

SURETY BOND
CREDIT SERVICES ORGANIZATION

KNOW ALL PERSONS BY THESE PRESENTS: That _____
(Name of Principal)

a _____
(Description of the form of business organization, including state of business incorporation, e.g. "a Minnesota Corporation")
with business office at _____
(Street Address, City, State, Zip Code of office covered by this bond)

as PRINCIPAL and _____
(Name of Surety)

a corporation duly organized under the laws of the State of _____ which is authorized to engage in the business of insurance in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Department of Commerce of the State of Minnesota in the sum of _____ (\$ _____). Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally. The parties further agree that:

- 1. The purpose of this obligation, which is required by Minnesota Statutes, Section 332.55, is to secure the compliance by Principal with terms of Minnesota Statutes, Section 332.52 to 332.58, and any other legal obligations arising out of the Principal's conduct as a credit services organization.
2. This bond is for the benefit of the State of Minnesota and all persons suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Section 332.52 to 332.58, or other legal obligations arising out of Principal's conduct as a credit services organization.
3. If the Principal shall violate Minnesota Statutes, Section 332.52 to 332.58, or other legal obligations arising out of its conduct as a credit services organization, the Commissioner of Commerce, as well as any person damaged as a result of such violation shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.
4. This bond shall become effective on _____, 20 ____, and shall remain in effect until the earlier of the expiration of the Principal's registration as a credit services organization or cancellation of this bond by the Surety. The Surety may cancel this bond and be released from any further liability hereunder by providing written notice of such cancellation to the Obligee. Cancellation shall be effective 30 days after notice of cancellation is sent by certified mail to the Obligee. Such cancellation shall not affect liability incurred prior to the effective date of Cancellation.
5. This bond shall be in effect from _____, 20 ____, until June 30, 20 _____.
6. The SURETY must notify the Commissioner of Commerce prior to making payment of any claim on this bond. Notice shall be provided to the following address: Minnesota Department of Commerce, Financial Institutions Division, 85 7th Place East, Suite 500, Saint Paul, Minnesota 55101.

(Name of Surety)

By: _____

Signature of Attorney in Fact
Surety must attach a Power of Attorney

(Name of Principal)

By: _____

Signature of Owner/Officer

ACKNOWLEDGMENT OF SURETY
STATE OF _____)
) ss.
COUNTY OF _____)
On this _____ day of _____, 20 ____, before me personally appeared _____ (name of individual) who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of

(name of surety company)
a _____ corporation, on behalf of the corporation.
(state or place of incorporation)

Notary Public
(Notary Seal)

ACKNOWLEDGMENT OF PRINCIPAL
STATE OF _____)
) ss.
COUNTY OF _____)
On this _____ day of _____, 20 ____, before me personally appeared _____ (name of individual) who acknowledged that he or she is the _____ of a credit services organization whose name is subscribed on this bond form, and that, as an owner/officer of the credit services organization, he or she is authorized to execute the bond for the purposes therein contained.

Notary Public
(Notary Seal)