



FOR DEPARTMENT USE ONLY

License Number _____

License Expires _____

CA

**State of Mississippi
Department of Banking and Consumer Finance**

**P.O. Box 12129
Jackson, MS 39236-2129**

**Credit Availability
License Application**

1. _____
Full legal name of applicant

Trade name or d/b/a of applicant, if applicable

Fed. Tax I. D. Number

Parent Company, if applicable
2. Business Address: _____
Street Address

City County State Zip Code

Telephone Number: _____ Fax Number: _____

Hours of Operation: _____
3. Mailing address, if different from above: _____
Street Address

City County State Zip Code
4. Business Type: Sole Proprietorship Partnership Limited Liability Company Corporation
5. If a Corporation, incorporated under the laws of the State of: _____
6. Web site address: _____
7. E-Mail address: _____

8. The legal name, residence, and percentage of ownership of each owner, member, partner, director, and principal officer of the company. (Attach addendum if necessary)

Legal Name	Residence, City, State, Zip	Telephone Number	% Ownership

9. Has there been a change in ownership or structure of the licensed company since the previous application?
 Yes No **If yes, explain on a separate sheet.**

10. If you are currently licensed or conducting business in any other state(s) under a Credit Availability Law or similar Law, please list the state(s) and name and address of the regulatory agency. If not currently licensed or conducting business, but have in the past, please list the state(s) and name and address of the regulatory agency and identify the time periods you were licensed or conducting business. (Attach list if necessary)

Regulatory Agency	Agency Address City, State, Zip	Telephone Number	Licensed Periods

11. If you cash checks for a fee, are you aware of the requirements of the Bank Secrecy Act for Money Service Businesses (MSB)? Yes No
12. Are you registered as a Money Service Business (MSB) with the U. S. Department of the Treasury?
 Yes No **If yes, attach a copy of form TD F90-22-5**
15. Has applicant, or any partner, director or principal officer ever been convicted of a felony in Mississippi or in another jurisdiction? Yes No **If yes, explain on a separate sheet.**
16. Has any owner, beneficial owner, member, officer or director had a license suspended, denied or revoked by any state or federal government agency? Yes No **If yes, explain on a separate sheet.**
17. Have you ever been in violation, or been connected directly or indirectly with any business convicted of such violations or been connected directly or indirectly as principal or employee with any business licensed under this Act or similar Acts of other states, which license was suspended, denied or revoked? Yes No **If yes, explain on a separate sheet.**
18. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? Yes No

19. The following must be provided along with your application. Please use this checklist to verify that your **application is complete.**

- 1. **License Fee:** For an initial application, submit a certified check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00. **We do not accept personal or company checks.**
- 2. **Financial Statements:** Attach a sworn financial statement as of the most recent fiscal year showing a net worth of at least \$20,000.00 for the first license and if multiple licenses, an additional \$5,000.00 for each additional location. Licensee must maintain the required net worth during the entire License year.
- 3. **Surety bond:** Applicant must submit a surety bond made payable to the State of Mississippi in the amount of \$10,000.00 for each location. The surety bond must be issued by a bonding company or insurance company authorized to do business in Mississippi.

In lieu of a surety bond, applicant may submit cash, a certificate of deposit of a national or state bank doing business in Mississippi, or government bonds in at amount of \$10,000 for each location.

For renewal applications, attach the original bond continuation certificate.

- 4. Attach a copy of your MSB Registration Form TD F90-22.55, if applicable.
- 5. Provide copies of the following, whichever are applicable:
 - (a) A Certificate of Good Standing from the state in which the applicant was incorporated.
 - (b) If applicant is a corporation, provide a copy of the Articles of Incorporation, including amendments.
 - (c) If applicant is a Limited Liability Company (LLC), provide a copy of the Articles of Organization and the Operating Agreement.
 - (d) If applicant is a general partnership or a Limited Liability Partnership, provide a copy of the Partnership Agreement.
- 6. **Fingerprint Cards:** Fingerprints must be made by any local law enforcement agency on the fingerprint cards provided to you with this application. Fingerprints must be submitted for each owner of a sole proprietorship, partners in a partnership or principal owners of a limited liability company that own at least 10% of the voting shares of the company, shareholders owning 10% or more of the outstanding shares of the corporation, except publically traded corporations and their subsidiaries, and any other executive officer with significant oversight duties of the business.
- 7. Attach the enclosed **Credit Availability Contact List**

This application must be completed, signed and notarized and all of the requested information attached or the application will be returned to you which will delay the licensing process. Please mail the completed application to:

Mailing Address:
Department of Banking and Consumer Finance (or)
Attn: Consumer Division
P.O. Box 12129
Jackson, MS 39236-2129

Overnight Mailing Address:
Department of Banking and Consumer Finance
Attn: Consumer Division
4780 Interstate 55 North
5 th Floor

Jackson, MS 39211

Section 97-7-10, Miss. Code Ann., provides that, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars (\$10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment".

The undersigned swears or affirms and certifies that all information given in this application and all documents furnished as required for a license are true and accurate. The undersigned acknowledges that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and may be subject to criminal prosecution for perjury. The undersigned further acknowledges that upon renewal of an existing license, all violations noted in prior Examination Reports of the Mississippi Department of Banking and Consumer Finance have been corrected or are in the process of being corrected and also agrees to update and correct application information as it changes.

Date: _____

Name of Company

(Corporate Seal)

By: _____
Name (please print) Title

Signature

AFFIDAVIT

State of _____
County of _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____ who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true, accurate and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the ____ day of _____ 20____.

(Notary Seal)

Notary Public _____

My Commission Expires: _____