



CONSUMER LOAN BROKER APPLICATION FOR RELOCATION OF AN EXISTING OFFICE

Pursuant to Section 81-19-13, Mississippi Code of 1972, Annotated, "A licensee may move the licensed location within the same county after securing the permission of the commissioner and the payment of Twenty-five Dollars (\$25.00) to the department. Upon approval of the new address, the commissioner shall issue an amended license for the unexpired portion of the year. Nothing in this paragraph shall authorize or permit any change of a licensed address to any location outside the original county of licensure." Please complete this application along with the items listed below.

FOR RELOCATION OF A CURRENTLY LICENSED OFFICE:

1. This application must include a \$25.00 check (may be a company check) for an address change.
2. The original license must accompany this application
3. A rider from the Surety Bond provider stating the acknowledgement of the address change.
4. This application must be notarized.

Current address of office being relocated:

Name: _____ License #:

Street: _____ PO Box: _____ City: _____

County: _____ State: _____ ZIP: _____ Phone #: _____ Fax #:

New address of above named office:

Name: _____ License #:

Street: _____ PO Box: _____ City: _____

County: _____ State: _____ ZIP: _____ Phone #: _____ Fax #:

The said office will be relocated on or about _____, 20_____.

CERTIFICATION

The undersigned certifies that the facts contained in this application are true and that he/she has been duly authorized to file this application.

Print Name Date

Signature Title Telephone Number

State _____

County _____

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 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: _____

Please forward this notarized application and the above information to:

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

Overnight mailing address:
Department of Banking and Consumer Finance
4780 I-55 North, 5th Floor
Jackson, MS 39211