



FOR DEPARTMENT USE ONLY

LICENSE NUMBER _____

LICENSE EXPIRES _____

MV

STATE OF MISSISSIPPI

Department of Banking and Consumer Finance

4780 I-55 North, 5th Floor

Post Office Box 12129 (39236-2129)

Jackson, Mississippi 39211

MOTOR VEHICLE SALES FINANCE LICENSE APPLICATION

Application is hereby made for a motor vehicle sales finance license pursuant to the Mississippi Motor Vehicle Sales Finance Law, Section 63-19-1, et seq., Miss. Code Ann.

1. _____
Business Name (including d/b/a, if applicable)

Parent Company (if applicable)
2. Business Headquarters Address: _____
Street Address

City State Zip Code

Telephone Number: _____ Fax Number: _____
3. Address at which it will conduct business:

Street Address P.O. Box

City County State Zip Code

Telephone Number: _____ Fax Number: _____
Hours of Operations: _____
4. Business Type: Sole Proprietorship Partnership Limited Liability Company Corporation
5. If Corporation: Incorporated under the laws of the State of: _____
6. Website Address: _____
7. E-Mail Address: _____

8. The name, residence, and percentage of ownership of each owner, partner, director, and principal officer of the company.

Name	Residence, City, State, Zip	Telephone Number	% of 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. Name and address of the Manager who is to have charge of the business under the license:

Employment history for the past 10 years: _____

11. Applicant has engaged in the motor vehicle business in the following states:

If currently licensed or conducting business, please list the state(s). If not currently licensed or conducting business, but have in the past, please list the state(s) and the name of the regulatory agency, and the time periods you were licensed or conducting business. **Initial Applications:** please have the reference/questionnaire form completed from at least three (3) states and return to our office along with the application.

12. Has any owner, beneficial owner, member, officer or director had a motor vehicle sale finance license suspended, denied or revoked by any government agency? Yes No (If yes, please explain on a separate sheet)

13. Have you ever been in violation of the Mississippi Motor Vehicle Sales Finance Law, 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 of separate sheet)

14. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? Yes No

15. **For renewal applications only:**

Total Number of Loans outstanding as of 09/30: _____
 Total Dollar Amount of Loans outstanding as of 09/30: _____

15. **Please use the following checklist to verify your application is complete:**

- 1. **License Fee:** Official bank check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00 (initial license fee) or \$475.00 (renewal license fee). We do not accept personal or company checks.
- 2. **Financial Statements:** Current financial statements (including a balance sheet listing assets, liabilities and net worth along with an operating statement showing the income, expense and net profit of the company).
- 3. **Contact Sheet (enclosed)**
- 4. **For initial application only:** A copy of the Certificate of Existence, if the company is a foreign (out-of-state) corporation or a copy of a Certificate of Good Standing, if applicant is a foreign (out-of-state) limited liability company. You may contact the Mississippi Secretary of State's office at (601) 359-1350 to obtain these certificates. If already registered, please visit the Secretary of State's website to obtain a copy by following these instructions:

Go to www.sos.ms.gov
Select Business Services title
Select Corp. Information Search
Enter your Business ID or Business Name and click on "Submit"
Select your business name
Your business information will display; print this document and submit with your application
- 5. **Narrative:** Attach a complete narrative description of the type of business activity that will be conducted in the normal course of business by the applicant.
- 6. **For initial applications only (Out of State Companies): Reference/Questionnaire form** - Submit this form from at least three (3) states where the company holds a Motor Vehicle Sales Finance License.

This application must be completed with all of the requested information attached or the entire application will be returned to you for proper attention which will delay the licensing process. Contact Wanda Ingram at wanda.ingram@dbcf.ms.gov or at 601-321-6916 or 800-844-2499 if you have any questions.

Please mail the completed application to:

Mailing Address:

Department of Banking and Consumer Finance
Attn: Motor Vehicles Sales Finance Division
P.O. Box 12129
Jackson, MS 39236-2129

(Over)

Please be aware that §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 further certifies that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and subject to criminal prosecution for perjury. The undersigned acknowledges that upon renewal of an existing license, if applicable, 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. The undersigned also acknowledges and agrees to update and correct 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: _____