



FOR DEPARTMENT USE ONLY

LICENSE NUMBER _____

LICENSE EXPIRES _____

DM

STATE OF MISSISSIPPI
Department of Banking and Consumer Finance
4780 I-55 North, 5th Floor
Post Office Box 12129 (39236-2129)
Jackson, Mississippi 39211

**DEBT MANAGEMENT SERVICES
LICENSE APPLICATION**

Application is hereby made for a debt management services license pursuant to the Mississippi Debt Management Services Act, Section 81-22-1, et seq., Miss. Code Ann.

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

Legal Name (if different from above)

Parent Company (if applicable)

2. Business Headquarters Address: _____
Street Address

City State Zip Code

Telephone Number: _____ Fax Number: _____

3. Mailing Address: _____
Street Address P.O. Box

City State Zip Code

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. Are you currently licensed or have you ever been licensed in this or any other state(s) as a Debt Management Services Provider? Yes No If yes, list state(s) _____

If currently licensed or conducting business, please list the state(s) and the 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 the name and address of the regulatory agency, and the time periods you were licensed or conducting business.

11. Has any owner, beneficial owner, member, officer or director of the business been convicted of a felony in this or any other state? Yes No (If yes, please explain on a separate sheet)

12. Has any owner, beneficial owner, member, officer or director had a debt management services 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 Debt Management Services Act, 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. Total Number of Mississippi clients: _____

16. List all locations within Mississippi and outside the state in which applicant solicits or contracts with Mississippi consumers.

Name of Business: _____

Include d/b/a, if applicable: _____

Address: _____

City, State, and Zip: _____

Telephone Number: () _____ Fax Number: () _____

Name of Business: _____

Include d/b/a, if applicable: _____

Address: _____

City, State, and Zip: _____

Telephone Number: () _____ Fax Number: () _____

Name of Business: _____

Include d/b/a, if applicable: _____

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Address: _____

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Telephone Number: () _____ Fax Number: () _____

Name of Business: _____

Include d/b/a, if applicable: _____

Address: _____

City, State, and Zip: _____

Telephone Number: () _____ Fax Number: () _____

17. **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. **Surety Bond:** Submit a surety bond (form enclosed) in the amount of Fifty Thousand Dollars (\$50,000.00), payable to the State of Mississippi, or in lieu of a surety bond, you may submit cash, a certificate of deposit, or government bonds in the amount of Fifty Thousand Dollars (\$50,000.00) Please use the enclosed Deposit in Lieu of Surety Bond form. Photocopy bond forms as needed
- 3. **Contact List** (form enclosed)
- 4. **Financial Statement** as of the most recent fiscal year. For companies in business for less than one year, personal financial statements of every owner, partner, member, officer, and director of the applicant may be submitted
- 5. 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.state.ms.us
Under Business Services, select Corp. Information Search
Enter your Business Name and click on "Search"
Select your business name

Your business information will display; print this document and submit with your application
- 6. Attach a complete narrative description of the type of business activity to be conducted in the normal course of business by the applicant.
- 7. A copy of an Agreement between applicant and client
- 8. A copy of applicant's Fee Schedule
- 9. A copy of servicing contracts or agreements between applicant and any third party.
- 10. A list of all educational courses and products offered to consumers with the cost of each.
- 11. A detailed narrative explaining the method utilized to process client payments.
- 12. A copy of applicant's IRS Exemption Letter, if a non-profit entity.

This application must be completed and all of the requested information attached, or the entire application will be returned to you for proper attention which will delay the licensing process.

Please mail you completed application to:

Mailing Address:

Department of Banking and Consumer Finance
Attn: Debt Management Services Division
P.O. Box 12129
Jackson, MS 39236-2129

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: _____