



FOR DEPARTMENT USE ONLY

LICENSE NUMBER _____

MTG LIC

STATE OF MISSISSIPPI

Department of Banking and Consumer Finance, Mortgage Division
901 Woolfolk Building, Suite A; 501 N West Street
Post Office Box 23729 (39225-3729)
Jackson, Mississippi 39201

MORTGAGE COMPANY LICENSE APPLICATION

Application is hereby made for a license pursuant Section 81-18-1, et seq., Mississippi Code of 1972, Annotated.

1. NAME OF APPLICANT:

Legal Name of Company

d/b/a of company doing business in Mississippi (if applicable)

2. BUSINESS ADDRESS OF MAIN OFFICE: (not necessarily in MS)

Street _____ P.O. Box _____

County _____ City _____

State _____ ZIP _____

BUSINESS TELEPHONE:

(_____) _____ FAX (_____) _____

TYPE OF MORTGAGE COMPANY LICENSE APPLYING FOR: _____

(Mortgage Broker or Mortgage Lender)

3. FORM OF ORGANIZATION:

(Sole proprietorship, partnership, L.L.C., L.L.P., or corporation)

- a. If a corporation, incorporated under the laws of the state of _____
- b. Attach stamped, filed copies of the two (2) required certificates from the Mississippi Secretary of State's office as outlined in the instructions accompanying this application. These forms **MUST** accompany application.

(over)

4. The legal name, residence, and percentage ownership of each person owning 10% or more of the company. Each of these individuals **MUST** provide a fingerprint card with the application for a background check.

Legal Name	Residence, City, State, Zip	Percentage of Ownership In Company

5. Name of person who is to have charge of the business under this license:

_____ Phone: (____) _____

6. Is the applicant currently, or has the applicant ever been, licensed or conducted business as a mortgage company in any other 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 add the time periods the applicant was licensed or conducted business. _____

7. Attach a set of fingerprints for each person owning ten percent (10%) or more of the outstanding shares of the corporation. The fingerprints must be made by a law enforcement agency and you must use the fingerprint card provided to you along with this application.

8. Has applicant, or any partner, director or principal officer of the applicant, licensed under similar acts of other states had such license revoked, denied or suspended? _____(If yes, explain on a separate sheet).

9. Has applicant, or any partner, director or principal officer of the applicant ever been convicted of any felony or been convicted of a misdemeanor of fraud, theft, forgery, bribery, embezzlement or making a fraudulent or false statement, in Mississippi or in any other jurisdiction? _____

11. License Fee: The license fee is Seven Hundred Fifty Dollars (\$750.00). Enclose a cashier's check or money order made payable to the Department of Banking and Consumer Finance. **The Department does not accept company or personal checks (no exceptions)!**

12. Attach the **original** Surety Bond provided from the Department from a Surety qualified to conduct business in Mississippi in the amount of Twenty-five Thousand Dollars (\$25,000.00) if a Mortgage Broker and One-Hundred and Fifty Thousand Dollars (\$150,000.00) if a Mortgage Lender. The Surety Bond is to be made payable to the State of Mississippi and should expire the date that the license expires, December 31 of each year.
13. If the office is located in Mississippi, attach a statement of zoning from the city / county where located.
14. Do you understand that any false or misleading statements may be grounds for denial or revocation of license? Yes _____ No _____
15. **Enclosures to accompany application:**
 - a. Cashier's check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00 for the Mortgage Company License Application, \$100 per Loan Originator registered, and \$100.00 per branch office. **Company or Personal checks will not be accepted.**
 - b. Surety bond form (enclosed) along with Power of Attorney from the insurance company. This form must be notarized by the mortgage company and the insurance company.
 - c. The applicable certificates from the Mississippi Secretary of State's office (listed on the instruction sheet enclosed with this application).
 - d. Fingerprint cards (enclosed) made by a law enforcement agency. Only 1 card per person. You may keep or mail back any extra fingerprint cards. A card should be enclosed for each owner (10% or more), principal officer named in this application and any loan originator applications included with this application.
 - e. Completed and signed form (enclosed) authorizing the Department of Banking and Consumer Finance to obtain information from outside sources for owner or Director owning 10% or more of the company and for each Loan Originator being registered with the company. Only ONE form needs to be completed for all employees.
 - f. Completed Contact List (enclosed).
 - g. Statement of Principal Officer of Mortgage Company. See for specific requirements.
 - h. Loan Originator Registration Application for Principal Officer as requested in #g.
 - i. Statement of zoning – if office is in MS only
 - j. Sign the completed mortgage application by owner of at least 10% or the named Principal Officer. The application must be notarized by a Notary Public.
 - k. Branch License Application(s), if applicable. See Application for Requirements.
 - l. Loan Originator Registration(s) other than the principal officer, if applicable. See Application for requirements.

(over)

**I certify that the information given in this application and in all documents furnished as required to complete the application for a license is true and correct. This application should be signed by the owner or the principal officer named in this application.
(Corporate Seal)**

Signature

Name

Title

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 _____, _____.

(Notary Seal)

Notary Public _____

My Commission expires: _____

THE FOREGOING APPLICATION SHOULD BE COMPLETED AND ALL THE INFORMATION REQUESTED IN NUMBER 15 ATTACHED. YOU MUST SUBMIT THE ORIGINAL FORMS. THIS OFFICE WILL NOT ACCEPT FAXED COPIES. SHOULD ANY PART OF THE APPLICATION NOT BE COMPLETE OR ANY INFORMATION OMITTED, THE ENTIRE APPLICATION WITH ENCLOSURES WILL BE RETURNED FOR PROPER ATTENTION.

PLEASE MAIL TO: DEPARTMENT OF BANKING AND CONSUMER FINANCE
ATTN: MORTGAGE DIVISION
POST OFFICE BOX 23729
JACKSON, MISSISSIPPI 39225-3729

STREET ADDRESS: 901 WOOLFOLK BUILDING, SUITE A
501 N WEST STREET
JACKSON, MISSISSIPPI 39201