



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

RETAIL SELLER LICENSE APPLICATION FORM

General Instructions

Use this form when newly applying for a license or when amending information on file with the department. When terminating or surrendering a NH retail seller license use the NH License Surrender/Expiration Form available on our website at www.nh.gov/banking/consumer.html.

1. **New Application:** Use this form when newly applying for a license. Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.
2. **Amendment Filing:** Use this form to amend information on file with the department. The required fields to complete are the "Date of Filing", the "Effective Date", check off "Amendment", and complete 1A and 1B; then you only need to enter and circle the information on the form that is being amended (information that has changed from what is on file with the department). To amend information on Schedules A & B (principals of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer.html.
3. **Surrender or Expiration:** When a licensed company surrenders its license or allows it to expire without renewal at year end it must file a NH License Surrender/Expiration form. Go to our website at www.nh.gov/banking/consumer.html and download the NH License Surrender/Expiration form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be licensed wherever it is located. The fee for a retail seller license is \$50 for the principal location. Only those business locations of the *applicant* that are located in New Hampshire must be licensed as branches (use the NH Branch Office Form included with this application and pay the \$30 fee for each NH branch).

Please make sure the following are included with the application:

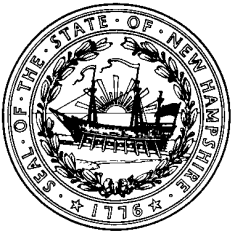
1. Foreign (not formed in New Hampshire) *applicants* must appoint a NH agent. The agent must have a NH business address open during normal business hours. If the *applicant* does not maintain a NH office, Banking Department examinations of the *licensee's* books and records may take place at the NH agent's location.
2. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244; www.nh.gov/sos/corporate)
3. Foreign and domestic *applicants* who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the *applicant*. If these are not the same, ownership must be changed through the Secretary of State's office.
4. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws, and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
5. Financial statements must be consistent with the legal status of the *applicant*. Corporations must provide the corporation's financial statements. If the financial statements are more than 6 months old, additionally provide interim balance sheet and income statement as of the *applicant's* last quarter end. Individuals, sole proprietors, partnerships, limited liability companies and closely held corporations must also submit a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).
6. A list of names and Tax ID numbers of applicable owners, officers, directors, members, partners, trustees, beneficiaries and NH branch managers must be provided on Schedules A & B on this form. The instructions to those schedules explain the reporting thresholds. File an Individual Disclosure Form, a Criminal History Record Information Authorization Form and fingerprint card for each individual on the lists.
7. An Organizational Chart showing ownership of the company.

8. Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a \$55.25 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of this form as well as certain Contact Persons listed on this application. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized. **All checks and money orders for the record checks must be made payable to “State of NH – Criminal Records.”**

Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or *licensee* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

9. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$55.25 payable to “State of NH – Criminal Records”, **for each individual listed on Schedules A & B of this form** as well as certain Contact Persons listed on this application. to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.
10. Applicable definitions:
- A. “Applicant” – The retail seller applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
- B. “Control” – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.
- C. “Direct Owner” means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *applicant* or *licensee*.
- D. “Financial Services” or “Financial Services-Related” – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).
- E. “Indirect Owner” means, with respect to direct owner and other indirect owners in a multilayered organization:
- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership’s capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company (“LLC”), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC’s capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
- F. “Jurisdiction” - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
- G. “Licensee” – The retail seller that holds a New Hampshire license and is amending information on this form.
- H. “Person” means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.
- I. “Principal” of the *applicant* or *licensee* means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *licensee*, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions. New Hampshire branch managers are *principals* of the company, but are reported on the NH Branch Office Form rather than on Schedule A of this License Application/Amendment Form.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the *applicant*’s name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.



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FOR OFFICE USE ONLY

Ck. # _____ Amt. \$ _____
Rec'd by _____ Date _____

Entered By _____ Date _____
App. Complete Date _____
Approved By _____ Date _____

NEW HAMPSHIRE RETAIL SELLER APPLICATION FORM

Date of Filing: _____ Effective Date: _____

RETAIL SELLER \$50

NH BRANCH OFFICES, ENTER TOTAL
@ \$30 EACH \$ _____

FEES APPLY FOR NEW LICENSE
ONLY, NOT FOR AMENDMENTS

Make Check Payable To: "STATE OF
NEW HAMPSHIRE"

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the State of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION AMENDMENT *To amend, circle item(s) being amended.*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full legal name of *applicant*: _____
(if sole proprietor, provide last, first and middle name)

B. IRS Employer Identification Number _____
(Social Security No is allowed for sole proprietorship)

C. (1) Trade Name under which business primarily is or will be conducted in New Hampshire, if different from Item 1A (attach copy of NH Trade Name registration issued by the NH Secretary of State).

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

1. Name	<i>Jurisdiction</i>	2. Name	<i>Jurisdiction</i>
3. Name	<i>Jurisdiction</i>	4. Name	<i>Jurisdiction</i>

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
 applicant name (1A) or business trade name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

F. Mailing address, if different:

PO Box or Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

G. Telephone Numbers and Website address:

Business phone _____ Fax line _____
Area Code _____ Telephone Number _____ Area Code _____ Telephone Number _____
website address #1 _____ website address #2 _____

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices located in New Hampshire?
 YES NO (Branch office located in New Hampshire must be approved and licensed prior to conducting business. Use the NH Branch Office Form included with this application.)

I. Contact Employee (President, Chief Executive Officer or Senior Partner of *Applicant*): (This is an individual who directs the management and

sets policies of the company. A NH Individual Disclosure Form and background check authorization are required.)

Name and Title _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____
 E-mail Address _____ Fax Number _____

J. Principal Licensing Contact Person (This is the individual who may sign this application form and to whom all licensing questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. **(If this individual has decision-making authority and can speak on behalf of the company, a NH Individual Disclosure Form and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.)** The Principal Contact Licensing Person may be the same as the person named in 1I above):

Name and Title _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____
 E-mail Address _____ Fax Number _____

K. Employee authorized to respond to consumer complaints: **(This is the individual who has the authority to represent the company in dealing with consumer complaints and not merely a clerical or administrative contact person. A NH Individual Disclosure Form and a background check authorization are required.)**

Name and Title _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____
 E-mail Address _____ Fax Number _____

L. Employee to contact regarding legal/litigation matters: **(This is the individual who has the authority to speak for the company on legal and litigation matters and not merely a clerical or administrative contact person. A NH Individual Disclosure Form and background check authorization are required)**

Name and Title _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____
 E-mail Address _____ Fax Number _____

M. Employee to contact regarding examination matters: **(This is the individual who has the authority to speak for the company regarding examination matters and not merely a clerical or administrative contact person.) A NH Individual Disclosure Form and a background check authorization are required.)**

Name and Title _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____
 E-mail Address _____ Fax Number _____

N. Physical address of location where the official books and records of the *applicant* will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name _____ Area Code _____ Telephone Number _____
 Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

2. Enter appropriate number in the box(es) for each *jurisdiction*:
 Enter "1" if *applicant* is newly applying in that *jurisdiction* as a retail seller (RS).
 Enter "2" if *applicant* has a pending application in that *jurisdiction* as a retail seller (RS).
 Enter "3" if *applicant* is already licensed/registered in that *jurisdiction* as a retail seller (RS).

	RS		RS		RS		RS
Alabama		Idaho		Montana		Rhode Island	
Alaska		Illinois		Nebraska		South Carolina	
Arizona		Indiana		Nevada		South Dakota	
Arkansas		Iowa		New Hampshire		Tennessee	
California – DOC		Kansas		New Jersey		Texas – OCCC	
California – DRE		Kentucky		New Mexico		Texas – SML	
Colorado		Louisiana		New York		Utah	
Connecticut		Maine		North Carolina		Vermont	
Delaware		Maryland		North Dakota		Virginia	
District of Columbia		Massachusetts		Ohio		Washington	
Florida		Michigan		Oklahoma		West Virginia	
Georgia		Minnesota		Oregon		Wisconsin	
Guam		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico			

3. A. Indicate legal status of *applicant*.

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	

B. Applicant's fiscal year end (MM/DD): _____

C. (i) If other than a sole proprietorship, indicate date and place applicant obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed) and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation :

State & Country of formation: _____ Date of formation (MM/DD/YYYY): _____

D. If applicant is a publicly traded corporation, please insert stock symbol and the name of at least one exchange upon which the applicant's securities are traded: _____

E. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the applicant has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the applicant does not have a NH branch office or does not wish to appoint someone in a branch office, the applicant must appoint another person located in NH to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the licensee's books and records may take place at the registered agent's office.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent: _____
(Provide a NH business address to include the actual physical location, street, town or city and zip):

Mailing Address of Agent (if different): _____

<p>4. A. Directly or indirectly, does applicant control, is applicant controlled by, or is applicant under common control with, any person that is engaged in the business of a retail seller or sale finance company? If no, go to 4B.</p> <p>The Partnership, Corporation, or Organization _____</p> <p>(check only one for each relationship, attach additional copies as needed) Partnership, Corporation, or Organization Name</p> <p><input type="checkbox"/> controls applicant <input type="checkbox"/> is controlled by applicant <input type="checkbox"/> is under common control with applicant</p> <p>Number and Street City State/Country Zip+4/Postal Code</p> <p>Briefly describe the control relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<p>B. Directly or indirectly, is applicant controlled by any of the following? If no, go to 5.</p> <p><input type="checkbox"/> Bank Holding Company <input type="checkbox"/> National Bank <input type="checkbox"/> State Member Bank of the Federal Reserve System</p> <p><input type="checkbox"/> State Non-Member Bank <input type="checkbox"/> Savings Association/Savings Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Foreign Bank <input type="checkbox"/> Thrift Holding Company</p> <p>Financial Institution Name _____</p> <p>Number and Street City State/Country Zip+4/Postal Code</p> <p>Briefly describe the control relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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C. Schedule A and, if applicable, Schedule B must be completed as part of all initial applications to identify principals of the applicant. Amendments to Schedules A and B must be provided on Schedule C as changes occur.

5. Bonded Dealer License	YES	NO
A. Has the applicant been issued a Bonded Dealer License by the New Hampshire Department of Safety?	<input type="checkbox"/>	<input type="checkbox"/>
B. If "Yes", please enter the license number of the Bonded Dealer License: _____ .		
C. The name that appears on the Bonded Dealer License is _____ .		

<p>6. Will applicant engage in any non-retail seller-related business? If "yes" briefly describe. _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>7. Will applicant occupy or share space with any person(s) engaged in financial services-related activity? If "yes," provide the name(s) of the other person(s). _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. **Remember to file updates to these disclosures as needed.**

Criminal Disclosure	YES	NO
A. Has the applicant or a control affiliate ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
B. In the past ten years has the applicant or a control affiliate:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving financial services or a financial services-related business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with a misdemeanor specified in 8B(1)?	<input type="checkbox"/>	<input type="checkbox"/>

Regulatory Action Disclosure	YES	NO
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C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever: (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8C?	<input type="checkbox"/>	<input type="checkbox"/>

Civil Judicial Disclosure

F. (1) Has any domestic or foreign court: (a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8F(1)?	<input type="checkbox"/>	<input type="checkbox"/>

Financial Disclosure

G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a retail seller or a <i>control affiliate</i> of a retail seller that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

9. Operations

A. Will the <i>applicant</i> charge an administration fee in excess of the actual cost of the documentary fees in connection with arranging financing for motor vehicle purchasers? If "yes", what is the amount of fees that will be charged? \$_____.	<input type="checkbox"/>	<input type="checkbox"/>
B. How soon are loans assigned to third party correspondent lenders after the contract's execution by the consumer and the retail seller? _____. Please note that unless the company is licensed as a sales finance company, loans must be assigned to a bank or NH licensed lender within 5 business days if the contract requires monthly payments, and within 2 business days if the contract requires payments more frequently than monthly.		
C. Will the applicant charge any fees in connection with arranging financing for the borrower? If "yes" please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Will the <i>applicant</i> both sell and finance motor vehicles ("Buy here, Pay here")? Please note that if the company provides financing or funds to consumers rather than obtaining such funding from third party lenders, the company is required to obtain a NH sales finance company license.	<input type="checkbox"/>	<input type="checkbox"/>
E. Will the <i>applicant</i> do "Spot Delivery"? (Deliver the vehicle before financing is approved). Under NH law, a retail installment contract must be complete as to all its terms before it is signed by a borrower. If the applicant will spot deliver vehicles, will the borrower's downpayment be refunded and the borrower's trade-in be returned if a change in terms requires the execution of a new contract?	<input type="checkbox"/>	<input type="checkbox"/>
F. Will the <i>applicant</i> sell and/or finance any type of in-house warranty or extended service contract? If "yes", attach copies of the approval(s) of such contracts issued by the NH Insurance Department.	<input type="checkbox"/>	<input type="checkbox"/>
G. Will the <i>applicant</i> sell and/or finance third party product warranties, vehicle warranties or extended service contracts? If "yes", provide a list of all such products sold or funded. Attach a separate sheet if necessary.	<input type="checkbox"/>	<input type="checkbox"/>

Name/Title of Product	Name of Issuing Company	Company's Address	Zip

10. Provide a list of correspondent banks, credit unions and/or other correspondent lenders the company will use to fund loans. Attach a separate sheet if

necessary.

Company Name	Address/Zip	Telephone No.	Contact Person

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

11. Attach Form U-2 (see form and instructions that are attached to this application form).

ORGANIZATION AND QUALIFICATION PAPERS

12. A. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.

B. If *applicant* is not organized under the laws of the State of NH, attach a copy of a currently valid certificate of authority that authorizes the *applicant* to conduct business in NH and is issued by the NH Secretary of State (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).

C. If a trade name is to be used in NH, submit a copy of the NH Secretary of State’s trade name registration (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).

D. An Organizational Chart showing the ownership of a multi-layered company.

FINANCIAL CONDITION

9. All *applicants* must submit financial statements. Submit:

A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited statements are required if an audit was performed), or the *applicant's* financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:

1. Balance sheet as of the last fiscal year end and as of the most recent quarter end.
2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end.
3. Income statement as of the last fiscal year end and as of the most recent quarter end.
4. Note disclosures for the above.

B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the *applicant's* most recent federal tax return.

C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 16A if the financial statements reflect the operations and financial position of the *applicant* itself.

D. If the financial statement is more than 6 months old, additionally provide an interim balance sheet and income statement as of the *applicant's* last quarter end.

WARNING: Failure to keep this entire application/amendment licensing form current and to file accurate supplementary information on a timely basis, or

THE PERSON NAMED AS THE CONTACT EMPLOYEE IN ITEM NO. 1,I OR AS THE PRINCIPAL LICENSING CONTACT NAMED IN ITEM NO. 1,J OF THIS APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3.

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, schedules and attachments, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the retail seller license to which this form relates.

I agree, on behalf of the *applicant*, that pursuant to NH RSA 361-A:2,XII, the *applicant* will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the *applicant* that the *applicant's* business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the *applicant's* licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

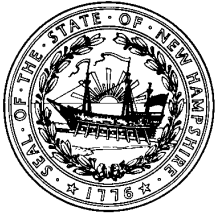
Date: _____

For _____
(Print or type *Applicant* or *Licensee's* name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

SCHEDULE C AMENDMENT INSTRUCTIONS

OWNERSHIP AND MANAGEMENT – USE THIS FORM TO ENTER CHANGES AND UPDATES TO THE NH LICENSE APPLICATION FORM SCHEDULES A & B (THE SCHEDULE OF PRINCIPALS & OWNERS OF THE COMPANY)

1. Licensed and registered companies must amend the information about the *principals*, *direct* and *indirect owners* of the company within 30 days of an event that changes the information on file with the NH Banking Department. Use this Schedule C to amend that information. You may add, delete or change information about a *principal* of the company using this form. When adding a new individual as a *principal* of the company, you must attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and records check fee for each individual added. Forms may be obtained at www.nh.gov/banking/consumer.html.
2. On the company's initial license application, Schedule A was used to report *direct owners* (including corporate, other types of organizations and individuals) & other *principals*. Use Item No. 3 of Schedule C to change information about *direct owners* & other *principals*.
3. On the company's initial NH license application, Schedule B was used to report *indirect owners*. Use Item No. 4 of Schedule C to report changes of information about *indirect owners*.
4. A licensed company that applied on an application that did not have "Schedules A and B" provided the same information to the NH Banking Department in a different format. Use Schedule C to amend that information to report changes about the licensed company's *principals*, *direct* and *indirect owners*.

Applicable definitions:

1. "Direct Owner" means any *person*, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *licensee*.
2. "Indirect Owner" means, with respect to direct owners and other indirect owners in a multilayered organization:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
3. "Licensee" – The *person* holding a New Hampshire license or registration that is applying or amending information on this form. The only instance in which the *licensee* is an individual is in the case of a sole proprietorship.
4. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more *persons* having a joint or common interest, or any other legal or commercial entity however organized.
5. "Principals" of the *licensee* include (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) executive officers and senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership; **C.** general and limited partners (10% or more) of a limited partnership; **D.** members of a limited liability company; and **E.** trustees and beneficiaries (10% or more) of a trust. NH branch managers are *principals* of the licensee, but use the NH Branch Office Form to report changes in branch managers.

Schedule C
AMENDMENTS TO
SCHEDULES A & B
 (Amendments to answers for
 Item 4 on the NH
 Application/Amendment Form)

Licensee/Registrant full legal name: _____

Effective Date: _____

- Mortgage Banker
- Mortgage Broker
- Mortgage Servicer
- Sales Finance Company
- Small Loan Lender
- Retail Seller
- Debt Adjuster
- Money Transmitter

1. This Schedule is used to amend Schedules A and B of NH License or Registration Application Form. Refer to instructions above and to Schedules A & B for specific instructions for completing this Schedule C. **Complete each column.**

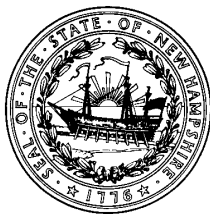
2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

3. **List below all changes to Schedule A (DIRECT OWNERS [10% or more], EXECUTIVE OFFICERS AND OTHER PRINCIPALS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

4. **List below all changes to Schedule B (INDIRECT OWNERS [25% or more]):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____, (a corporation), (a partnership), (limited liability company) or
(Name of applicant for licensure or registration)

a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster, money transmitter or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

(Name)

(Address)

Dated this _____ day of _____, 20_____

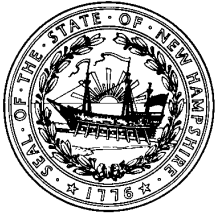
(COMPANY SEAL)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3

By _____
(Print name of Applicant)

By _____
(Signature of Officer)

(Print Name and Title of Officer)



State of New Hampshire

Banking Department

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Concord, NH 03301

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NH INDIVIDUAL DISCLOSURE INFORMATION INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **INITIAL FILING** – An Individual Disclosure Form for each of the *applicant's/licensee's principals and direct & indirect owners* and certain Contact Persons must accompany the *applicant's* initial Company License Application Form. Attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fee for each individual listed as a *principal or direct or indirect owner* in the Company Application.
2. **AMENDMENTS** – The *applicant/licensee* must promptly update information on both the Company License Application form and each *principal's or direct or indirect owner's* or Contact Person's Individual Disclosure Form if it becomes materially inaccurate and when a *principal* leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *principal or direct or indirect owner*.
3. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
5. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant/licensee* would like this license/registration or amendment to become effective if an amendment is being filed prior to the happening of an event.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
- B. The Acknowledgment & Consent section must have an original manual signature and must be signed pursuant to NH RSA 641:3, Unsworn Falsification.
- D. The Company Employment Representation section must include original manual signature.
- E. Type all information.
- F. Use only the current version of the Individual Disclosure Form or a reproduction of it.

2. ATTACHMENT

Enclose a Criminal History Record Information Authorization Form and fingerprint card for each individual listed as a *principal or direct or indirect owner or certain Contact Persons listed* in the Company Application together with a check for \$55.25 made payable to "State of NH – Criminal Records"

C. EXPLANATION OF TERMS – The following terms are italicized throughout the Individual Disclosure Form.

1. GENERAL

APPLICANT or LICENSEE– The company that is newly applying on or the NH licensed company amending information on this form. The only instance in which the *applicant or licensee* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

DIRECT OWNER – Any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the applicant or licensee.

INDIRECT OWNER – With respect to direct owners and other indirect owners in a multilayered organization:

- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
- (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
- (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

JURISDICTION - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.

PRINCIPAL – of the applicant or licensee means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the applicant or licensee, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions or certain control persons listed in this application..

2. FOR THE PURPOSE OF ITEM 6

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.

NH INDIVIDUAL DISCLOSURE FORM

INDIVIDUAL'S INFORMATION

Applicant (Licensee's) full legal name: _____

Date of filing: _____

Effective Date: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

APPLICATION AMENDMENT (To amend, circle items being amended.) TERMINATION (Individual's employment)

1. Individual's identifying information:

A. Full last, first and middle names:

Last name First name Full middle name Suffix

B. (1) Social Security Number: _____

(2) Gender: Male Female

C. (1) Date of Birth (MM/DD/YYYY) _____

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name	2. Name	3. Name	4. Name
---------	---------	---------	---------

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name First name Full middle name Suffix

F. Office of Employment address: (Do not use a P.O. Box)

If this address is your private residence, check this box.

Number and Street City State/Country Zip+4/Postal Code

G. Current Residence address, if different:

Number and Street City State/Country Zip+4/Postal Code

H. Telephone Numbers and e-mail address:

Business phone

Fax line

Area Code Telephone Number

Area Code Telephone Number

Cell phone

Area Code Telephone Number

e-mail address

INDIVIDUAL'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other person to furnish to the New Hampshire Banking Department, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. I further authorize the department to request and receive credit reports, tax records, local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D, 399-G and/or 361-A, as applicable. I understand that this authorization does not expire. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY)

Signature of Individual

COMPANY EMPLOYMENT REPRESENTATION:

To the best of my knowledge and belief, the individual, at the time of approval, will be familiar with the statutes, regulations, and rules of the State of New Hampshire where this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY)

(Name of Licensed Company)

By: _____
Signature of authorized party

Print Name

Title

Acknowledgment & Consent & Employment Representation sections must always be completed in full with original, manual signatures.

Applicant (Licensee's) full legal name: _____

Individual's full legal name: _____

2. Fingerprint Information filing representation:
 I represent that I am submitting, have submitted, or promptly will submit a Criminal History Record Information Authorization Form and a fingerprint card to the New Hampshire Banking Department.

3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also, include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-*financial services-related* activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is *financial services-related*; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)

Details: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

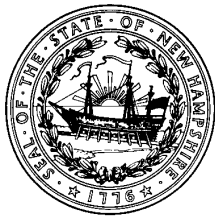
6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.

Financial Disclosure	YES	NO
A. Within the past ten years:		
(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant (Licensee's) full legal name: _____

Individual's full legal name: _____

Criminal Disclosure	YES	NO
<p>D. Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>E. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>F. Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>G. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 6F(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Regulatory Action Disclosure		
<p>H. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?</p> <p>(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?</p> <p>(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i>, prevented you from associating with a <i>financial services-related</i> business or restricted your activities?</p> <p>(6) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i>, prevented you from associating with a <i>financial services-related</i> business or restricted your activities?</p> <p>(7) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?</p> <p>(8) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>J. Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 6H or 6I?</p>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
<p>K. (1) Has any domestic or foreign court ever:</p> <p>(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?</p> <p>(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?</p> <p>(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i>?</p> <p>(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 6K(1)?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
<p>L. Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:</p> <p>(1) is still pending; or</p> <p>(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or</p> <p>(3) was settled for any amount?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Termination Disclosure		
<p>M. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:</p> <p>(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?</p> <p>(2) fraud, dishonesty, theft, or the wrongful taking of property?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

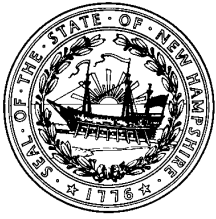
Licensing: (603) 271-8675

www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$55.25 fee to cover costs for each record check. The \$55.25 may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$55.25 or any multiple thereof (e.g. 2 cards \$110.50)They will not accept 2 checks such as one for \$15 and an additional check for \$40.25). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**
3. **You will need to submit fingerprints in order to complete the criminal background check.** To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. **The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.**
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU."
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$55.25, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

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www.nh.gov/banking

NH BRANCH OFFICE FORM INSTRUCTIONS

A. GENERAL INSTRUCTIONS

- FILING** – The NH Branch Office form should be used to apply to license a branch office location, and to change any information about a licensed branch office location and to surrender or otherwise terminate a branch office license. **There is no fee to file an amendment or to terminate a license.** If the name of the licensee or the address of the branch is being amended, submit the original branch office licenses to the Department along with this form; new licenses will be issued and sent to the licensee.
- TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
- EXECUTION** – The execution section must be completed by an authorized representative of the *applicant or licensee* (corporate officer, partner, member, sole proprietor, etc).
- DATES** – The filing date is the date *applicant or licensee* submits this form to New Hampshire. The effective date is the date *applicant or licensee* would like this license or amendment to become effective.
- AMENDMENTS** – Using this form, the *applicant or licensee* must update information about a branch office on a continuing basis. Changes of address and branch closings need to be reported ten (10) days prior to the change or closing. Other changes, including the addition or removal of a branch manager, should be reported within thirty (30) days from the date of the event that requires an amendment filing. When filing an amendment, check the “amendment” box on line 1, provide the *applicant/licensee’s* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 5a or 6 through 14.
- CONTACT EMPLOYEE** – The individual listed on the *applicant’s/licensee’s* License Application Form (company’s main office) as the contact employee will be contacted by the New Hampshire Banking Department if needed, about this branch form filing.
- SURRENDER / CLOSE**– When an *applicant/licensee* decides to cease operations under the license at one or more branches, use a NH Branch Office Form to notify New Hampshire of each closing by checking the “surrender” box and completing only items 2, and 6 and the execution. Send the original license certificate to the New Hampshire Banking Department along with the NH Branch Office Form to surrender. Use the NH Surrender/Expiration Form to notify New Hampshire if the entire company will cease operations in New Hampshire under its license. When terminating a branch license, it is necessary to enclose the original license issued by the NHBD with the NH Branch Office Form filing.

B. FILING INSTRUCTIONS

1. FORMAT

- The NH Branch Office Form may accompany a new company filing on the License Application Form, or may follow the License Application Form later. A fully completed NH Branch Office Form must be submitted to New Hampshire when the *applicant/licensee* is filing for branch authorization/licensure for the first time.
- The execution section must include an original manual signature under penalty of unsworn falsification pursuant to NH RSA 641:3.
- Type or print all information.
- Use only the current version of the NH Branch Office Form or a reproduction of it.

2. ATTACHMENTS

- File an Individual Disclosure Form, a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$55.25 made payable to “State of NH – Criminal Records”, for each branch manager identified in item 5 and 5a of this NH Branch Office Form.
- Submit copies of any written agreements or contracts between the applicant/licensee and any NH branch office.

C. EXPLANATION OF TERMS – The following terms are italicized throughout the NH Branch Office form

APPLICANT/LICENSEE – The company that is newly applying on or amending information on this form for a branch license. The only instance in which the *applicant/licensee* is an individual is in the case of a sole proprietorship.

JURISDICTION - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

PERSON – An individual, partnership, corporation, trust, or other organization.

BRANCH LICENSE FEES: <input type="checkbox"/> Sales Finance Company \$100 <input type="checkbox"/> Small Loan Lender \$450 <input type="checkbox"/> Retail Seller \$ 30 <input type="checkbox"/> Debt Adjuster \$500	<p align="center">NH BRANCH OFFICE FORM</p> <p><i>Applicant or</i> Licensee full legal name: _____ _____</p> <p>and Tax ID No. _____</p>	<p align="center">OFFICIAL USE ONLY</p> <hr/> <p align="center">FOR OFFICE USE ONLY</p> Ck. # _____ Amt.\$ _____ Rec'd by _____ Date _____ ***** Entered By _____ Date _____ App. Complete Date _____ Approved By _____ Date _____
Make Check Payable To: "State of New Hampshire"	Date of Filing: _____ Effective Date: _____	

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying or are licensed may violate the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

File an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fee for each branch manager identified in item 5 and 5a.

1. NEW BRANCH APPLICATION SURRENDER AMENDMENT *Complete only the item(s) being amended.*

2. _____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3. _____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a. _____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4. _____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website _____	4a. _____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website _____
5. _____ Branch Manager Name _____ Branch Manager's Supervisor's Name _____	5a. _____ NEW Branch Manager Name _____ NEW Branch Manager's Supervisor's Name _____

EXECUTION: The undersigned, under penalty of unsworn falsification NH RSA 641:3, swears that he/she is an officer of the *applicant or licensee* and has executed this form on behalf of, and with the authority of, said *applicant or licensee*. The undersigned and *applicant or licensee* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)	Signature of authorized party	Title
-------------------	-------------------------------	-------

This execution must always be completed in full with original, manual signature.

Applicant/Licensee full legal name: _____

6. Physical address of location where the official books and records generated by this branch office will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name

Area Code

Telephone Number

Number and Street

City

State

Country

Zip+4/Postal Code

7. Enter appropriate number in the box(es) for each *jurisdiction* by location:
 Enter "1" if *applicant* is **newly applying** in that *jurisdiction* for a branch office license/registration.
 Enter "2" if *applicant* has a **pending application** in that *jurisdiction* for a branch office license/registration.
 Enter "3" if *applicant* is **already licensed/registered** in that *jurisdiction* as a branch office.

Alabama		Georgia		Maryland		New Mexico		South Dakota	
Alaska		Guam		Massachusetts		New York		Tennessee	
Arizona		Hawaii		Michigan		North Carolina		Texas – OCCC	
Arkansas		Idaho		Minnesota		North Dakota		Texas – SML	
California – DOC		Illinois		Mississippi		Ohio		Utah	
California – DRE		Indiana		Missouri		Oklahoma		Vermont	
Colorado		Iowa		Montana		Oregon		Virginia	
Connecticut		Kansas		Nebraska		Pennsylvania		Washington	
Delaware		Kentucky		Nevada		Puerto Rico		West Virginia	
District of Columbia		Louisiana		New Hampshire		Rhode Island		Wisconsin	
Florida		Maine		New Jersey		South Carolina		Wyoming	

8.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting loans or services: (a) with respect to employment? (b) with respect to compensation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: (b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FULL LEGAL NAME OF PERSON (Individuals: Last Name, First Name, Middle Name)	Address, City, ST, Zip	Telephone	SSN, IRS Tax No. or Employer ID	Separately Licensed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>