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

MONEY TRANSMITTER LICENSE APPLICATION FORM

General Instructions

Please ensure that all of the items on the application are completed and that all of the required attachments are included and numbered to correspond to the related question or item. Please include the *applicant*'s name on each attachment and carefully review each document. A complete application will enable us to expedite the review without requiring additional information.

NOTE: The principal office of the *applicant* must be licensed even if it's not located in New Hampshire. The initial fee for a money transmitter license for the principal location is $500. Locations of *authorized delegates* that are located in New Hampshire must be registered (use the NH Authorized Delegate Form and pay the $25 fee for each NH *authorized delegate up to $4,500*).

ALSO NOTE that your company must be registered with the NH Secretary of State. Visit https://quickstart.sos.nh.gov/online to complete the required Principal Name Registration information. Your application will not be processed without a copy of the form(s) issued by the NH Secretary of State.

BE ADVISED that no business may be conducted in New Hampshire until the license has been approved and issued.

New Application Instructions

Step 1: Register your company with the NH Secretary of State, visit https://quickstart.sos.nh.gov/online to learn more.

Step 2: Complete this application (Pages 3-10) and include all the additional forms requested for authorized delegates and individuals. See pages 8-9 for a complete list and links to download the other documents. Be sure to read, sign, and date the last page (Affirmation Statement).

Amendment Filing Instructions

To update the company license please download the application and enter the information requested below and provide any supporting documentation.

- Complete the "Date of Filing" and "Effective Date".
- Check "Amendment" box.
- Complete items 1A and 1B.
- Enter only the information that has changed.
- To add, delete or change principals of the company use Schedule C. Each new principal must complete the following:
  - An MU2 (NH Individual Disclosure form),
  - A Criminal History Record Information Authorization form,
  - A completed fingerprint card,
- Return license for address change; name change, tradename.

Be sure to sign and date the last page of the application and return to Licensing for processing.

Surrender or Expiration Instructions

To surrender the company license please download the NH License Surrender/Expiration form and instructions from our website, www.nh.gov/banking/consumer-credit. Also use this form and instruction if the company will not be renewing and the license will expire on 12/31.

Applicable Definitions

"Applicant" – The money transmitter 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.

Authorized Delegate – A person (company or individual) that an *applicant* or *NH licensed money transmitter* licensee designates to provide money transmission services on behalf of the licensee.

"Average daily outstanding money transmissions" means the total dollar volume less fees sent by persons in all jurisdictions through the money transmitter and its authorized delegates, that has not yet been received in cash by the intended recipients, calculated for a calendar year, divided by 365.

"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" 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.

"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).

"Indirect Owner" means, with respect to direct owner and other indirect owners in a multilayered organization:

- 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;
- 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;
- in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
- 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
- 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.

"Licensee" – The money transmitter that holds a New Hampshire license and is amending information on this form.

"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.

"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, and certain contact persons listed on this application.

For additional information regarding the NH State Statute for Money Transmitters (RSA 399-G), please visit http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVI-399-G.htm.

If you have questions concerning this application or any of the required documents please contact Licensing at 603-271-8675 or Licensing@banking.state.nh.us.

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FOR OFFICE USE ONLY	NEW HAMPSHIRE MONEY TRANSMITTER APPLICATION FORM	MONEY TRANSMITTER ☐ $500
Ck. # _____ Amt.$_____ Rec'd by _____ Date _____ ********** Entered By_____ Date_____ App. Complete Date _____ Approved By _____ Date _____	Date of Filing: _____ Effective Date: _____	NH AUTHORIZED DELEGATES, ENTER TOTAL @ $25 EACH $____ FEES APPLY FOR NEW LICENSE AND REGISTRATIONS 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).

	Name	*Jurisdiction*

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

Area Code Telephone Number

website address #1

Fax line

Area Code Telephone Number

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers via authorized delegates located in New Hampshire?

☐ YES ☐ NO Authorized Delegates located In New Hampshire must be approved prior to conducting business. Use the New Hampshire authorized delegate form which is available on our website, www.nh.gov/banking/consumer-credit.

I. 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, an MU2 (NH Individual Disclosure Form) and background check are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

J. Employee authorized to respond to consumer complaints: **This is the individual who has the authority to represent the company** in dealing **with consumer complaints. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

K. 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. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check are required; if the duties of this position are clerical or administrative, it is not 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 examination matters: **This is the individual who has the authority to speak for the company regarding examination matters. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

M. 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 money transmitter (MT).
Enter "2" if *applicant* **has a pending application** in that *jurisdiction* as a money transmitter (MT).
Enter "3" if *applicant* **is already licensed/registered** in that *jurisdiction* as a money transmitter (MT).

	MT		**MT**		**MT**		**MT**
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.*

☐ Corporation ☐ Sole Proprietorship ☐ Other *(specify)* _____
☐ Partnership ☐ Limited Liability Company

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

C. 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 an authorized delegate location, an individual in that office may be appointed as the NH registered agent. If the *applicant does not have* a **NH authorized delegate** or does not wish to appoint someone in an authorized delegate location, 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): _____

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any *person*	**YES**	**NO**

	YES	NO
that is engaged in the business of a money transmitter?	☐	☐

(check only one for each relationship, attach additional copies as needed)

☐ *controls applicant* ☐ is *controlled* by *applicant* ☐ is under common *control* with *applicant*

The Partnership, Corporation, or Organization _____
Partnership, Corporation, or Organization Name

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

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

_____

	YES	NO
B. Directly or indirectly, is *applicant controlled* by any of the following?	☐	☐

☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank
☐ Thrift Holding Company ☐ Other

_____
Financial Institution Name

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

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

_____

_____

5. 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 entity 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*?	☐	☐
2) been *charged* with any *felony*?	☐	☐
B.		
1) **In the past ten years has the** *entity* or a *control affiliate* been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a *misdemeanor involving*: (i) *financial services* or a *financial services-related* business, (ii) fraud, (ii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?	☐	☐
2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B) (1)?	☐	☐
Regulatory Action Disclosure	**YES**	**NO**
C. In the past 10 years, has **any State or federal regulatory agency or** *foreign financial regulatory authority* or self regulatory organization (SRO) ever:	☐	☐
1) *found* the *entity* or a *control affiliate* to have made a false statement or omission or been dishonest, unfair or unethical?		
2) found the *entity* or a *control affiliate* to have been involved in a violation of a financial services-related regulation(s) or statute(s)?	☐	☐
3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	☐	☐
4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	☐	☐
5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	☐	☐
D. **Has the *entity's* or a *control affiliate's* authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?**	☐	☐

E. **Is there a pending regulatory action proceeding against the entity or a *control affiliate* for any alleged violation described in (C) through (D)?**	☐	☐
Civil Judicial Disclosure	**YES**	**NO**
F. Has any domestic or foreign court:		
1) in the past ten years enjoined the *entity* or a *control affiliate* in connection with any *financial services-related* activity?	☐	☐
2) in the past ten years found the entity or a *control affiliate* was *involved* in a violation of any *financial services-related* statute(s) or regulation(s)?	☐	☐
3) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority?	☐	☐
G. Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)?	☐	☐
Financial Disclosure	**YES**	**NO**
H. In the past ten years has the *entity* or a *control affiliate* been the subject of a bankruptcy petition?	☐	☐
I. Has a bonding company ever denied, paid out on, or revoked a bond for the *entity*?	☐	☐
J. Does the *entity* have any unsatisfied judgments or liens against it?	☐	☐

Operations

6. Has the company conducted any activity with New Hampshire consumers prior to applying for a license with the New Hampshire Banking Department? Yes ☐ No ☐ If yes please describes the activity:

_____

_____

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

Principal Name Registration Form: Your company must be registered with the NH Secretary of State. Visit https://quickstart.sos.nh.gov/online to complete the required Principal Name Registration information. Your application will not be processed without a copy of the forms issued by the NH Secretary of State.

Trade Name Registration Form: Include a copy of the registration form issued by the NH Secretary of State. Visit https://quickstart.sos.nh.gov/online to complete the required Trade Name Registration information.

Authorized Delegate Form: Include this form for each Authorized Delegate located in NH. Visit this web page to view the form: http://www.nh.gov/banking/consumer-credit/documents/app-money-trans-authorized-delegate.pdf

Surety Bond: Money transmitters must submit a $100,000 surety bond. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the applicant or licensee, 2) an individual with a power of attorney who may sign on behalf of the surety company, and 3) [the countersignature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be signed.

- Original $100,000 continuous surety bond: http://www.nh.gov/banking/consumer-credit/documents/app-money-trans-100k-bond.pdf

Form U2 -- http://www.nh.gov/banking/consumer-credit/documents/u2.pdf

Schedule A – http://www.nh.gov/banking/consumer-credit/documents/app-nh-schedule-a.pdf

Schedule B – http://www.nh.gov/banking/consumer-credit/documents/app-nh-schedule-b.pdf

Individuals identified on Schedule A and B must complete the following as per instructions:

- An MU2 (NH Individual Disclosure Form): http://www.nh.gov/banking/consumer-credit/documents/app-mtg-mu2.pdf

- A Criminal History Record Information Authorization Form: http://www.nh.gov/banking/consumer-credit/documents/ccd-nh-criminal-records-form.pdf

- A Fingerprint Card: To request fingerprint card(s), please complete the form on our website, http://www.nh.gov/banking/consumer-credit, call (603) 271-8675, or e-mail licensing@banking.state.nh.us. Indicate the number of cards needed and the address where they should be mailed to.

- Processing Fee: The Department of Safety charges a $49.75 fee to cover costs for each record check. (State Police Fee: $25, FBI Fee $24.75). All checks and money orders for the record checks must be attached to this checklist and made payable to "State of NH-Criminal Records." Fees covering multiple individuals may be combined into one check.

Mail all information to the New Hampshire Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Do not send the information directly to Department of Safety as this will delay review of the company's application.

ORGANIZATION AND QUALIFICATION PAPERS

- *Applicants* organized under the laws of the State of NH must submit a copy of the Certificate of Formation issued by the NH Secretary of State. 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 (Certificate of Authority; Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate).

- 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. **Companies should also submit an organizational chart.**

- Foreign and domestic *applicant*s 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 or 603-271-3246). 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.

FINANCIAL CONDITION

All *applicants* must submit financial statements, specifically:

- 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:

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

- 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.

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

- Money transmitters must maintain a net worth of the lesser of its average daily outstanding money transmissions for the prior calendar year or $1,000,000. All *applicants* must submit a statement of net worth as well as a calculation that reflects the fiscal year's average daily transactions in United States dollars.

MONEY TRANSMITTER CONTRACTS

Attach specimen copies of all contracts, agreements, receipts and disclosures that the *applicant* will use with NH consumers.

MONEY TRANSMITTER FINCEN REGISTRATION

Provide a copy of the FinCEN form 107, Registration of Money Services Business. If the company is not required to register as an MSB with FinCEN please provide explanation below or as a separate attachment.

COMPANY POLICIES AND PROCEDURES

Business plan.

Provide a copy of the company's BSA and AML polices.

WARNING:	Failure to keep this entire application/amendment licensing 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.	

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

AFFIRMATION

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 license to which this form relates.

I agree, on behalf of the Applicant, that pursuant to NH RSA 399-G:10, 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.

Date: _____

For _____
(Print or type Applicant's 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 _____