



# ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



## DFI LICENSE APPLICATION

*This application must be completed by typewriter or legibly printed.*

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "NONE" or "N/A".

### License Type Applying For?

|                               |                              |                              |
|-------------------------------|------------------------------|------------------------------|
| Advance Fee Loan Broker (ALB) | Debt Management Company (DM) | Consumer Lender (CL)         |
| Collection Agency (CA)        | Money Transmitter (MT)       | Premium Finance Company (PF) |
|                               | Escrow Agent (EA)            |                              |

### 1. Company Identifying Information

#### A. Corporate Name and Address

Arizona Legal Name (as approved by the Arizona Corporate Commission or Arizona Secretary of State):

Doing Business As (DBA) Name (if applicable):

Filing as a:      Corporation      Partnership      Limited Liability Company      Individual/Sole Proprietor      Other (Describe):

Legal name approved by the state you were organized in:      Federal Tax ID Number:

Address Line 1:

Address Line 2:

City:      State:      Zip:

Phone:      Fax:      Website:

#### B. Primary Address: If different from Corporate Address in 1A.

Address Line 1:

Address Line 2:

City:      State:      Zip:

Phone:      Fax:      Website:

#### C. Mailing Address: If different from Primary Address.

Name:

Address Line 1:

Address Line 2:

City:      State:      Zip:

Phone:      Fax:      Website:



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## 2. Business Information

### A. Other Business Locations

(a) Will the *applicant* conduct business with Arizona consumers through branch offices or other business locations? If yes, you may need to complete branch application. YES NO

### B. State where organized or incorporated:

|                     |                    |   |
|---------------------|--------------------|---|
| State Incorporated: | Date Incorporated: | Date of foreign authorization to conduct business in Arizona: |
|---------------------|--------------------|---|

### C. Current Ownership

If applicant is owned by an entity, or if applicant is applying for an Escrow Agent or Money Transmitter License provide the entities audited financials. If owned by individuals, provide names and percentage of each person. All individuals whom directly or indirectly own 20% (15% for money transmitters) or more of the voting shares of the applicant must complete a Personal Financial Statement and a Biographical Statement. [Include an organizational chart.](#)

|  |  |
|--|--|
| <a href="#">Personal Financial Statement</a> | <a href="#">Biographical Statement</a> |
|--|--|

|   |        |                  |
|---|--------|------------------|
| Name:   | Title: | Percentage:      |
| List additional owners on a separate sheet and they should total 100% |        | Total Ownership: |

### D. Indirect Owners

| Full Legal Name (Individuals: Last, First, Middle) | Direct Owner Company Name | Title or Status | % Ownership | Publicly Traded (symbol or n/a) | TAX ID or EIN # |
|--|---------------------------|-----------------|-------------|---------------------------------|-----------------|
|  |                           |                 |             |                                 |                 |
|  |                           |                 |             |                                 |                 |
|  |                           |                 |             |                                 |                 |
|  |                           |                 |             |                                 |                 |

### E. List the Executive Officers, Members, Partners, Directors of applicant.

|       |               |
|-------|---------------|
| Name: | Officer Title |

Use a separate sheet if necessary

### F. Auditing Agency:

Certified Public Accountant firm or agency which audits your financial records.

Name:

Address:

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|



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## 3. Disclosures

9. If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed. **FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** - Pertaining to securities, commodities, banking, insurance, consumer lending, money services businesses, consumer debt management or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, Farm Credit System institution, mortgage lender, mortgage broker, real estate salesperson or agent, appraiser, closing agent, title company, escrow agent, payday lender, money transmitter, check casher, pawnbroker, collection agent, debt management company or title lender).

### A. Criminal Disclosure

|   | YES | NO |
|---|-----|----|
| (a) Has the entity 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) In the past ten years has the entity:   |     |    |
| (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; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses? |     |    |
| (2) been charged with a misdemeanor specified in (b)(1)?  |     |    |

### B. Regulatory Action Disclosure

|   |  |  |
|---|--|--|
| (c) In the past ten years, has any State or federal regulatory agency or foreign financial regulatory authority ever:   |  |  |
| (1) found the entity to have made a false statement or omission or been dishonest, unfair or unethical?   |  |  |
| (2) found the entity to have been involved in a violation of a financial services-related regulation(s) or statute(s)?  |  |  |
| (3) found the entity 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 in connection with a financial services-related activity?   |  |  |
| (5) denied, suspended, or revoked the entity'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 authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?  |  |  |
| (e) Is the entity now the subject of any regulatory proceeding that could result in a "yes" answer to any part of (c)?  |  |  |

### C. Civil Judicial Disclosure

|  |  |  |
|--|--|--|
| (f) Has any domestic or foreign court:   |  |  |
| (a) in the past ten years enjoined the entity in connection with any financial services-related activity?  |  |  |
| (b) in the past ten years found the entity to be in violation of any financial services-related statute(s) or regulation(s)?   |  |  |
| (c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority? |  |  |
| (g) Is the entity named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?   |  |  |

### D. Financial Disclosure

|   |  |  |
|---|--|--|
| (h) In the past ten years has the entity been a mortgage lender or a mortgage broker or a control affiliate of a mortgage lender or a mortgage broker that has 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?   |  |  |

### Notice to Applicant Pursuant to A.R.S. § 41-1030

An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. a general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

This section may be enforced in a private civil action and relief may be awarded against the State. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02



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## 4. Company Contacts

### A. Licensing Contact Employee

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### B. Consumer Complaint Employee Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### C. Record Keeping

Will the Records be maintained at the Primary Address in 1B?  
 Yes No If No, where will records be maintained? \_\_\_\_\_

Yes No Is this a residence? \_\_\_\_\_

### D. Primary Email

You must provide your primary email address. This email address will be used to send your license (once approved) electronically, renewal reminders and any other important notifications that the Department sends out relating to the license issued. **E-Mail:** \_\_\_\_\_

## 5. Branches: - IF CA or MT, Arizona Branches only

Download the branch application; complete for each location you are applying to obtain a license for and attach. List all locations where you will be transacting business.

[Branch Application](#)

## 6. Affidavit

(a) I have read and understand the items and instructions on this form;

(b) My answers (including attachments) are true and complete to the best of my knowledge;

(c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;

(d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person(s)* to furnish to any *jurisdiction*, or any agent(s) 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;

(e) I have read and understand applicable federal and state law, and will be in compliance at all times;

(f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;

(g) I understand that this form has to be signed by one of the owners or officers that has submitted their personal paperwork to the Arizona Department of Financial Institutions;

Printed Name \_\_\_\_\_

Signature of Individual \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_



## License Application Check List

- Application fee (see your applicable Supplement License Application)
- Application (signed and notarized)
- Enclose applicable supplement license application (signed and notarized) along with all applicable documents
- Copy of AZ Certificate of Good Standing (certificate should be less than 6 months old (if applicable).
- Credit Report: You must provide a current credit report along with a written explanation for any credit issues if you are a control person.
- Enclose ownership organizational chart including holding company with subsidiaries
- Universal Biographical Statement for each Individual listed in 2 (C),(D) that is a control person. Control persons are individuals whom directly or indirectly own 20% (15% for money transmitters) or more of the voting shares of the applicant.

### [Biographical Statement](#)

- Background check for each Individual listed in 2 (C),(D) that is a control person. Control persons are individuals whom directly or indirectly own 20% (15% for money transmitters) or more of the voting shares of the applicant.

### [Background Investigation](#)

#### IF APPLICABLE:

Financial Statement (Refer to the applicable Supplement License Applications)

### [License Application Supplements](#)

Approved Copy of the Articles of Incorporation, Application and Amendments

Articles Of Organization (Approved Copy) and Amendments

Partnership or Joint Venture Agreement (Approved Copy)

Foreign Authority to do Business In Arizona (Approved Copy)

Trade Name Certificate (Approved Copy from AZ Secretary of State)

Branch Application(s) for each location that you wish to license; please see your specific license type supplement license application for all applicable fees.

#### DID YOU REMEMBER TO:

Answer ALL blanks, questions or statements AND if not applicable use "NONE" or "N/A"?

Legibly print or type all information on all documents?

Staple each individual set of forms together?

Properly label attachments to correspond with the applicable document and document inquiry?

Sign all documents where applicable?

Make copies of the completed application packet and applicable Supplement License Application for your records?

Include all documents required before submitting application and Supplement License Application packet?

Enclose payment for the appropriate application fee for your license type (make checks payable to AZDFI)?