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# STATE OF WASHINGTON

## DEPARTMENT OF FINANCIAL INSTITUTIONS

# division of Consumer Services

*P.O. Box 41200* ⚫ *Olympia, Washington 98504-1200*

*Telephone (360) 902-8703* ⚫  *TDD (360) 664-8126* ⚫  *FAX (360) 664-2258* ⚫ *http://www.dfi.wa.gov/cs*

**SMALL LOAN AGENT COMPANY APPLICATION**

Use this form when applying for a Small Loan Agent license.

Who should apply for a Small Loan Agent License? Persons engaged in the following activities must license:

* Marketing and advertising small loans
* Collecting nonpublic personal information from consumers in anticipation of selling the information to potential lenders
* Assisting customers in completing small loan documentation
* Providing required disclosures per WAC 208-630-137
* Collecting small loans

DELIVERY – Keep copies of everything, and e-mail the *Company Form* and all attachments to [CSLicensing@dfi.wa.gov](mailto:CSLicensing@dfi.wa.gov)

\_\_\_\_\_ APPLICATION FEE – Make your check for $690.00 payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package. This deposit will be applied to the statutory cost of application review and investigation.

DISCIPLINARY HISTORY ADDENDUM – See Section 4 of the Company Application to determine if the applicant needs to submit this addendum.

INDIVIDUAL BACKGROUND FORMS See Section 5 of the Company Form to determine which individuals will need to submit these.

\_\_\_\_\_ BUSINESS PLAN – Provide the applicant’s business plan, which includes the following at minimum:

1. The anticipated source and method of obtaining customers.
2. A description about how you will resolve any customer complaints.

­­\_\_\_\_\_ WEBSITE - Review WAC 208-630-137 regarding disclosure requirements in advertising. Along with these disclosures the company must include the corporate name of the company next to the logo if the logo is something other than the corporate name itself.

­­­\_\_\_\_\_\_ TRADE NAMES – also included in trade names are all consumer facing websites the company will be using for Washington Consumers

\_\_\_\_\_ APPROVALS AND DESIGNATIONS –

* Washington State Business License – Your company must obtain a Washington State Business License and

Unified Business Identifier number (UBI) issued by the Washington State Department of Revenue, Business Licensing Service (BLS) at 1-800-451-7985 or <http://bls.dor.wa.gov/>. You must register trade names (“DBA”) on your Business License as well.

* Registration with the Washington Secretary of State - If your company is not a sole proprietorship, you must register the company with the Washington Office of the Secretary of State <http://www.secstate.wa.gov>.
* Department of Revenue – Please check with this department to see if your company needs to be registered with them [www.dor.wa.gov](http://www.dor.wa.gov)

STILL NEED HELP? Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to [CSLicensing@dfi.wa.gov](mailto:CSLicensing@dfi.wa.gov) for additional assistance.

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| **COMPANY**  **FORM** | **WASHINGTON Small Loan Agent COMPANY APPLICATION FORM** Date of Filing:       Effective Date: | SMALL LOAN AGENT |
| NEW APPLICATION  AMENDMENT |
| **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 # is allowed for sole proprietorship) | | | |
| C. (1) Trade Name under which business primarily is or will be conducted, if different from Item 1A: | | |
|  | | |
| (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 | | Name | Jurisdiction | | Name | Jurisdiction | | Name | Jurisdiction | | | |
| D. Main address: (Do not use a P.O. Box) | | |
| |  |  |  |  | | --- | --- | --- | --- | | Number & Street | City | State / Province & Country | Zip+4 / Postal Code | | | |
| E. Mailing address, if different:: | | |
| |  |  |  |  | | --- | --- | --- | --- | | PO Box or Number & Street | City | State / Province & Country | Zip+4 / Postal Code | | | |
| F. Telephone Numbers and Website: | | |
| |  |  |  |  | | --- | --- | --- | --- | | Business Phone | Fax Line | Website address | e-mail address | | | |
| G. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices?  YES  NO  (Branch offices conducting business with Washington consumers must be licensed. Use Branch Application Form) | | |
| **AUTHORIZATION FOR VERIFICATION – COMPANY**  **TO WHOM IT MAY CONCERN:**  I, the undersigned official of the company noted above hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation they request for the purpose of verifying information provided in conjunction with an application for a small loan agent license, or for the purpose of conducting an investigation in accordance with chapter 31.45 Revised Code of Washington.  BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Official Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Authorized Official Title | | |

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| **2. Contact information for applicant:** |
| (A) Contact person for this application:   |  |  |  |  | | --- | --- | --- | --- | | Name and Title | Business Phone | Fax Line | e-mail address | | PO Box or Number & Street | City | State / Province & Country | Zip+4 / Postal Code | |
| 1. Contact person for future compliance issues (if different from above):  |  |  |  |  | | --- | --- | --- | --- | | Name and Title | Business Phone | Fax Line | e-mail address | | PO Box or Number & Street | City | State / Province & Country | Zip+4 / Postal Code | |
| (C) Physical address of location where the official books and records of the applicant will be kept. This is for the purpose of periodic review and examination by the Department of Financial Institutions.   |  |  |  |  | | --- | --- | --- | --- | | Records Custodian Name | Business Phone | Fax Line | e-mail address | | Number & Street | City | State / Province & Country | Zip+4 / Postal Code | |
| 1. Registered Agent:  |  |  |  |  | | --- | --- | --- | --- | | Name | Phone |  |  | | Number & Street | City | State / Province & Country | Zip+4 / Postal Code | | Social Security Number | Date of Birth |  |  |   Note: If your office is outside the borders of Washington State, you must maintain a registered agent inside Washington.  If your office is within the borders of Washington State, the use of a registered agent is *optional* (your office staff may serve as registered agent). However, if your company has used a registered agent when filing with other Washington state agencies, please provide this office with information about *that* registered agent. |

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| **3.** **LEGAL STATUS OF APPLICANT:** |
| Corporation  Proprietorship  Other *(specify)*  Partnership  Limited Liability Company  FEDERAL TAX IDENTIFICATION NUMBER:  WASHINGTON STATE UNIFIED BUSINESS ID NUMBER (UBI)  To obtain a UBI, you must contact the State of Washington Business Licensing Service 1-800-451-7985 to apply for (your) the applicant’s Washington State Business License. A copy of this document is **not** required with your application. DFI will verify with the Business Licensing Service that (you) the applicant (have) has registered.  If the applicant is a corporation, partnership, or LLC you must contact the Washington Secretary of State, Division of Corporations, (360) 725-0377 to register the applicant. A copy of this document is **not** required with this application. DFI will verify with the Secretary of State that the applicant has been registered.  DATE OF INCORPORATION:  STATE OF INCORPORATION:  *APPLICANT’S* FISCAL YEAR END (MM/DD):  If *applicant* is a publicly traded corporation, please insert stock symbol: |
| **4. DISCIPLINARY HISTORY OF APPLICANT:** If the answer to any of these questions is yes, attach a DISCIPLINARY HISTORY ADDENDUM to this application which provides a detailed explanation of all events or proceedings, including jurisdiction, year filed, current status, and final disposition. Remember to file updates to these disclosures as needed.   |  |  |  | | --- | --- | --- | |  | **YES** | **NO** | | 1. Has or is the applicant or other person subject to the act been subject to a cease and desists order or an injunction issued pursuant to the act or the Consumer Protection Act chapter 19.86 RCW? |  |  | | 1. Has or is the applicant or other person subject to the act been charged or found through an administrative, civil, or criminal proceeding to have violated the provisions of the act or rules, or the Consumer Protection Act, chapter 19.86 RCW? |  |  | | 1. Has the applicant or other person subject to the act been convicted of, or pled guilty or nolo contendere, in a domestic, foreign, or military court to:   (i) A gross misdemeanor involving dishonesty or financial misconduct within the prior seven years;  (ii) A felony within the prior seven years; or  (iii) A felony that involved an act of fraud, dishonesty, breach of trust, or money laundering at any time preceding the date of application? |  |  | |
| **5. INDIVIDUAL INFORMATION**: The following individuals must attach and submit the **INDIVIDUAL BACKGROUND FORM**.  \*Individuals holding these positions of control must also provide a complete credit report including a public records section pulled within the last 6 months. DFI may require personal financial statements upon request.   |  |  |  | | --- | --- | --- | | CORPORATION/LLC | PARTNERSHIP | SOLE PROPRIETORSHIP | | Officer\* (VP and above) | General Partners\* | Owner\* | | Directors\* |  |  | | Principals\* (10% or more ownership) |  |  | |
| **SMALL LOAN AGENT SIGNATURE AND OATH OF APPLICANT**  I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Revised Code of Washington 31.45 and Washington Administrative Code 208-630 promulgated by the Department of Financial Institutions have been reviewed by the authorized officials as listed herein, and management will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant’s desire to obtain from the Director of the Washington State Department of Financial Institutions, a license to engage in the business of small loan agent as defined in chapter 31.45 RCW. Any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to denial of a license or the revocation of any license granted.    BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Official Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Authorized Official Title |

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| **OWNERSHIP and PERSONNEL FORM** | | *Applicant* full legal name:  Date: | | | | | SMALL LOAN AGENT | |
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| 1. | Provide information on theowners (stockholders, LLC members, partners, sole proprietor/spouse) of the applicant. Complete the “Title or Status” column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued). In the “Publicly Traded” column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter “NA”. | | | | | | | |
| Full Legal Name  (Individuals: Last Name, First Name, Middle Name) | | | Title or Status | % Ownership |  | Publicly Traded | | S.S. No., IRS Tax No. or Employer ID |
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| 2. Does any controlling person (10% or more ownership is a “controlling person”) own 10% or more in another business?  YES  NO  If yes, attach an **OWNERSHIP ADDENDUM** which provides a description of this “affiliate” company and includes company name, address, telephone  number, and contact person. | | | | | | | | |
| 3. LIST OF PERSONNEL – Include all executive officers, directors, managers, trustees and controlling persons. | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Full Legal Name (Individuals: Last Name, First Name, Middle Name) | Title or Status | % Ownership | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | |

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| **INDIVIDUAL BACKGROUND**  **FORM** | **WASHINGTON SMALL LOAN AGENT**  **BIOGRAPHICAL STATEMENT AND CONSENT  Date of Filing:**       **Effective Date:** | |
| NEW APPLICATION | | AMENDMENT *To amend, circle or identify item(s) being amended.* |
| **1. Individual’s Identifying Information*:*** | | |
| 1. Full last, first and middle names:  |  |  |  |  | | --- | --- | --- | --- | | Last Name | First Name | Middle Name | Suffix (if any) | | | |
| (B) Social Security Number:       (C) Gender  Male  Female | | |
| (D) Date of Birth (MM/DD/YYYY)      (E) State/Province of Birth       (F) Country of Birth | | |
| 1. List all name(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example nicknames, aliases, and names used before or after marriage. (Use additional sheets if necessary).   Name:       Name:       Name:       Name: | | |
| 1. **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 | Middle Name | Suffix (if any) | | | |
| (I) Employer Name (Small Loan Agent): | | |
| (J) Office of Employment: (Do not use a P.O. Box)  If this address is your private residence, check here   |  |  |  |  | | --- | --- | --- | --- | | Number & Street | City | State / Province & Country | Zip+4 / Postal Code | | | |
| (K). Telephone Numbers and email address:   |  |  |  |  | | --- | --- | --- | --- | | Business Phone | Cell Phone (optional) | Fax Line (optional) | Email Address (optional) | | | |
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| **2. Disclosures:** If the answer to any of the following is “YES”, provide complete details of all events or proceedings in a **DISCIPLINARY HISTORY ADDENDUM.** |
| |  |  |  | | --- | --- | --- | | **DISCLOSURES** | **YES** | **NO** | | (1) Have you been convicted of a felony or gross misdemeanor involving dishonesty or financial misconduct within seven (7) years of the date of this application in any jurisdiction, or of a crime which, if committed within this state, would constitute a felony under the laws of this state? |  |  | | (2) Have you personally, or as the principal of another entity, had a license issued under this chapter or any similar state statute suspended or revoked within five (5) years of the filing of this application? |  |  | | (3) Are you presently involved in any form of civil litigation that may have an effect on the applicant? |  |  | |  |  |  | |

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