

THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 1

SALES FINANCE AGENCY ACT
LICENSE RENEWAL CHECKLIST

ENCLOSE ALL APPLICABLE FORMS DETAILED BELOW.

____ RENEWAL APPLICATION COMPLETED AND SIGNED

____ MULTIPLE LICENSED LOCATIONS FORM

____ INFORMATION FORM

____ SUPPLEMENTAL APPLICATIONS AND CREDIT REPORTS FOR ALL NEW PRINCIPALS

____ CORRECT REMITTANCE (\$300 FOR HEADQUARTERS;
\$100 PER BRANCH)

IF ALL OF THE ABOVE ARE NOT INCLUDED, YOUR RENEWAL APPLICATION IS INCOMPLETE.

PLEASE COMPLETE THIS FORM AND RETURN WITH APPLICATION TO THE ADDRESS LISTED BELOW.

ILLINOIS DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION
100 W. Randolph St., 9th FLOOR
CHICAGO, ILLINOIS 60601

Renewal Prepared by: _____ Date: _____

Telephone #: _____

(Application Page 2 of 2)

We tender a check, draft or money order (payable to Director of Financial Institutions) in the sum of \$300.00 for headquarters office and \$100.00 for each branch office as the annual license fee.

Name of Licensee

By _____
(President, Owner, Partner)

By _____
(Secretary, Owner, Partner)

INFORMATION FORM

I. Name, Title, Percent of Stock Ownership and Resident Address of Every Officer of the Licensed Entity.

A. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

II. Name, Title, Percent of Ownership and Resident Address of Each Director of the Licensed Entity.

A. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

III. Name, Percent of Ownership and Resident Address of Each Stockholder Owning 10% or More of Capital Stock or Any Owner/Partner of the Licensed Entity who is Not Listed Above.

A. _____
(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principle Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principle Duties: _____

10. In the past 10 years have you ever been convicted of a felony?

Yes _____ No _____

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and docket number.

11. In the past 10 years have you been a party to any material litigation?

Yes _____ No _____

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.

I do hereby swear that the facts set forth, hereinabove, are true and are given as a basis for the issuance of a license under the Sales Finance Agency Act.

Name & Title (Please Type or Print)

Signature

Resident Address

City State Zip Code

MULTIPLE LICENSED LOCATIONS FORM

SALES FINANCE AGENCY ACT

Must be completed in the event of multiple licenses:

COMPANY NAME: _____

DESIGNATED HEADQUARTERS

<u>LICENSE #</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>PHONE #</u>	<u>AMOUNT</u>
_____	_____	_____	_____	\$ <u>300.00</u>

BRANCH OFFICE(S) (100.00 EACH LICENSE)

<u>LICENSE #</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>PHONE #</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL AMOUNT \$ _____