

**DEPARTMENT OF BANKING AND FINANCE - BUREAU OF SECURITIES**

**State of Nebraska**

**Application for Registration as Issuer-Dealer**

The undersigned hereby makes application for registration as an Issuer-Dealer of securities within the State of Nebraska. The facts herein stated are true and constitute a fair and complete statement of all material facts relating to this applicant.

- 1. Name of applicant \_\_\_\_\_
- 2. Form of organization (sole proprietorship, partnership, corporation, LLC etc.), and date of organization. \_\_\_\_\_
- 3. Principal address \_\_\_\_\_
- 4. Nebraska address \_\_\_\_\_
- 5. The names and addresses of the officers and directors if a corporation, all partners if a partnership, or managing members if an LLC, and all agents, are as follows:

NAME	OFFICIAL CAPACITY	CITY, STATE, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 6. Officer(s) who will take the Nebraska Securities Law Examination. A five dollar (\$5) examination fee for each member is enclosed.  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Attached hereto is a current financial statement.
- 8. Describe briefly the general character of the business conducted, or proposed to be conducted, by the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What types of securities will be offered/sold? \_\_\_\_\_

\_\_\_\_\_

10. In what states is applicant now licensed or registered? \_\_\_\_\_

\_\_\_\_\_

11. Is applicant a member of the Financial Industry Regulatory Authority? \_\_\_\_\_

If the applicant answers "yes" to questions 12 through 18, please provide the following details (attach additional pages as necessary):

- the individual and organization named;
- the title of the action and the dates on which the action was commenced and terminated;
- the administrative body which took the action or the court in which the action was taken;
- a description of the action.

12. Has any license, registration, or application of this applicant, or any of its officers, directors, partners or managing members, been refused, suspended, cancelled, or revoked in any state? \_\_\_\_\_

13. Has applicant, or any of its officers, directors, partners or managing members, ever been charged with fraudulent acts or violations of any law in connection with the sale of securities or commodities? \_\_\_\_\_

14. Has applicant, or any of its officers, directors, partners or managing members, ever been convicted of a crime involving the sale of securities or commodities? \_\_\_\_\_

15. Has applicant, or any of officers, directors, partners or managing members ever been convicted of a felony? \_\_\_\_\_

16. Has the applicant or any of its officers, directors, partners or managing members, executive officers, or any sales representatives been the subject of formal complaint proceedings brought by the Financial Industry Regulatory Authority, the Securities and Exchange Commission, or any other State, or are any such proceedings pending at the present time? \_\_\_\_\_

17. Has applicant been refused membership in, or suspended or expelled from, any stock exchange? \_\_\_\_\_

18. Has applicant been declared bankrupt or been in the hands of a receiver? \_\_\_\_\_

19. Name one or more banks as a credit reference. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Name five persons or firms as general references.

NAME	ADDRESS, CITY, STATE, ZIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant agrees:

This application is made for the limited purpose of selling its own securities.

It will not conduct a general securities business.

It will report any material adverse changes in its financial condition within thirty days.

WHEREFORE, applicant prays that it be registered as an Issuer-Dealer under the Securities Act of Nebraska.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
(Issuer-Dealer)

\_\_\_\_\_  
(President or Partner)

\_\_\_\_\_  
(Secretary or Partner)

(CORPORATION SEAL)

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, deposes and says that s/he is \_\_\_\_\_ of the applicant named above; that s/he has full authority to sign said application; that s/he has read said application and knows the contents thereof; and that the statements therein made are true.

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_.

\_\_\_\_\_  
(Notary Public)

NOTARIAL SEAL