

Nebraska Department of Banking and Finance

APPLICATION FOR TEMPORARY STORE CLOSURE DUE TO HEALTH QUARANTINE Nebraska Delayed Deposit Services Licensee

Name of Licensee: _____

License #	Office Location	Current Inventory (# of Checks and \$ Amount)	Est. Reopen Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Entity Authorization:

By (Signature): _____

Printed Name: _____

Title: _____ Date: _____

Complete and submit this form to the Nebraska Department of Banking and Finance at dob.consumerfinance@nebraska.gov. Put the licensee's name, License #, and the words "Temporary Store Closure" in the subject line. A response will be given from the Department as soon as possible.

Use this form for all appropriate licensee locations that will be affected by a temporary closure due to a health quarantine. If the licensee's current situation requires additional disclosures or information, please contact the Department at the email provided above to provide as much additional detail or documentation as may be required to provide a full explanation.

Along with this form, please provide the licensee's policies and procedures for dealing with Extended Payment Plans as well as policies and procedures for the holding, presentment, and deposit of outstanding checks that will be in effect during this temporary store closure.

Date Received _____ NDBF Approval: _____ Date: _____