

**Application for a Branch of a
Delayed Deposit Service
Business License**

Department Use Only:

Department of Banking and Finance, Lincoln, Nebraska
Accepted for Filing

Date: _____

By: _____

Section I - General Information/Instructions

This application form must be completed for each new branch to be established by the licensee. All answers should be typewritten or legibly printed. All questions must be answered. If additional space is needed on any question(s), please attach extra sheets and reference them accordingly.

Submit one originally signed application and a current corporate financial statement, including a balance sheet and income and expense statement, to the address listed above with the notation "Financial Institutions Division – DDS". The financial statement should identify the number and outstanding balance of uncollected checks as of the date of the statement. You must include a check for one hundred fifty dollars (\$150) made payable to the "Nebraska Department of Banking and Finance." Your application will not be processed unless proper payment is received.

The Department will publish one time the intent of the licensee to establish a branch office in the county where the main office is located. If no objections are filed with the Department within the allotted time, the Department will consider the license application on its merits. If objections are received, a hearing on the application may be scheduled.

Section II – Applicant Information

1. (a) Give name, address and county of Main Office Licensee under which the new branch would be operated.

Name:

Address:

County:

2. (a) Give the name and address of proposed branch.

1. (b) List the Main Office Licensee telephone and fax number.

Telephone:

Fax:

2. (b) List the proposed branch office telephone and fax number.

Telephone:

Fax:

3. Give the license number of the Main Office Licensee. (This number is located on the license issued by the Nebraska Department of Banking and Finance.)

4. Please answer the following questions concerning the proposed branch location:

(a) Leased Owned

If Leased, please indicate the terms of the lease:

(b) Is there sufficient room for examination process?

Yes

No

Section II – Applicant Information (cont'd)

5. Are any architects, real estate brokers, the sellers or lessors of land, buildings or equipment members of the licensee's official family (shareholders, partners, members, directors, officers, employees and immediate family of such persons), or otherwise directly or indirectly associated with the applicant?

Yes No If yes, complete the following.

| Name | Item (Mark Appropriate Column) | | | Relationship or Association with Licensee (Specify Director, Partner, Member, Officer, 10% Stockholder, or their relatives. Designate any business interests of the aforementioned.) |
|------|-----------------------------------|----------|-----------|---|
| | Land | Building | Equipment | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section III – Business Operations

1. List all county branch locations currently operating under this Main Office License: (include business name, if different, business address, telephone number with area code, contact person and title)

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

2. List any county branches that have been closed since receiving your license or the last renewal of your license, whichever is more recent. Include business name, if different, business address and reason for closure.

| | Branch Information | Reason for Closure |
|-----|--------------------|--------------------|
| (a) | | |
| (b) | | |
| (c) | | |
| (d) | | |
| (e) | | |
| (f) | | |

3. What, if any, activities other than operation of the DDS will be conducted at the proposed branch?

Section III – Business Operations (cont'd)

4. Please answer the following questions regarding the business since receiving its license or the last renewal of the license, whichever is more recent. If you answer yes to any of the following, please attach a sheet of paper with the details.

(a) Has the Applicant undergone a corporate and/or business reorganization?

Yes No

(b) Has the Applicant made any changes to its business activities?

Yes No

(c) Has the Applicant declared bankruptcy?

Yes No

(d) Has the form of organization of the Applicant changed? If so, please indicate below the current form of organization.

Sole Proprietorship

Partnership

Corporation

Section IV – Shareholders, Directors and Employees

1. List any shareholders, officers, directors or employees that are different than those noted on the original application for a license or last renewal application, whichever is more recent. This should include any new managers or employees that are either affiliated with the Applicant or will be operating the proposed branch. Include all individuals, proprietorships, associations, joint ventures, joint stock companies, partnerships, limited partnerships, limited liability companies, business corporations, nonprofit corporations, or any group of individuals, however organized.

Name, Title, Address and Shares

Name, Title, Address and Shares

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

NOTE: Please submit a *Biographical Questionnaire*, *Individual Financial Statement*, *Criminal History Request* and a check made payable to "Nebraska State Patrol" for fifteen dollars (\$15) for every new shareholder, officer, partner, member or director.

Section IV – Shareholders, Directors and Employees (cont'd)

2. Are any present or new shareholders, partners, members, directors, officers or employees involved with any other Delayed Deposit Services Business under any name(s) other than the Main Office Licensee listed in this application? If yes, please list the individual's name, all other name(s) and the principal address of the other Delayed Deposit Services Business.

Individual Name

Business Name and Address

3. Has any person associated with the licensee been charged or convicted of any misdemeanor involving any aspect of a Delayed Deposit Services Business, or any business of a similar nature since the original application for a license or the last renewal of the DDS license, whichever is more recent? If yes, give details.

Yes No

4. Has any person associated with the licensee been charged with, or convicted of, any felony since the original application for a license or the last renewal of the DDS license, whichever is more recent? If yes, give details.

Yes No

5. Has any person associated with the Applicant or proposed branch declared bankruptcy since the original application for a license or the last renewal of the DDS license, whichever is most recent? If yes, give details.

Yes No

6. Has any license revocation procedure been initiated by any other state or jurisdiction since the original application for a license or the last renewal of the DDS license, whichever is more recent? If yes, attach a sheet of paper giving details.

Yes No

7. Are there any other material developments since the original application for a license or the last renewal of the DDS license, whichever is more recent, that the Department should be aware of? If yes, attach a sheet of paper giving details.

Yes No

I represent that the information contained herein is true and complete, to the best of my knowledge and belief.

Date: _____

By:

Signature and Title

Typewritten Name: _____

Business Name: _____

ACKNOWLEDGMENT

State of:

County of:

On this _____ day of _____, 20 _____, personally appeared before me _____
_____, whose identity is personally known to me, or proved to me on the basis of
satisfactory evidence, and acknowledged that the foregoing document was signed by him or her on behalf of said
business.

(Seal)

Notary Public