

# Delayed Deposit Services Business License Renewal Application

Nebraska Department of Banking and Finance

<http://www.ndbf.nebraska.gov>

1526 K Street, Suite 300  
 Lincoln, NE 68508-2732  
 PO Box 95006  
 Lincoln, NE 68509-5006  
 402-471-2171

This application and any attachments must be completed and mailed to the Department of Banking and Finance and be postmarked NO LATER than April 12, 2019. All questions must be answered and must be legible. If additional space is needed on any question(s), attach extra pages and reference them accordingly. NOTE: Failure to file a complete and accurate application along with the renewal fee of \$500 per Principal Place of Business and \$500 per Branch by May 1, 2019, may result in the Department issuing a notice of expiration of your license. You may not conduct business without a license.

|   |
|---|
| Department Use Only<br><br>Accepted for Renewal<br>Date: _____<br><br>License #s: _____ |
|---|

1. Complete the following:

|   |   |
|---|---|
| Legal Name of Applicant:  |   |
| Name under which Business is Conducted (i.e., d/b/a or trade name) if different than above: |   |
| Corporate Office Address (Street, City, State, Zip Code):                                   |   |
| Corporate Office Telephone Number & Fax Number:   | Corporate email address:<br>Company Website Address (If no website, so indicate.):                                      |
| Primary Contact (include name, title, mailing address, telephone and email address):        | Contact Person for questions regarding application (include name, title, mailing address, telephone and email address): |

2. a) Identify **all** officers, directors, shareholders, partners or members who are **new** to the Delayed Deposit Services Business since the original application or the last renewal, whichever is most recent, and the date this took effect. 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 (use an additional sheet if necessary).

|                            |                             |                              |
|----------------------------|-----------------------------|------------------------------|
| (i) Name, Title, and Date: | (ii) Name, Title, and Date: | (iii) Name, Title, and Date: |
| Address:                   | Address:                    | Address:                     |
| % Shares Owned:            | % Shares Owned:             | % Shares Owned:              |

- b) If the person(s) listed in (a) replaced someone, attach details.
- c) For each person listed in (a), attach a completed DDS Biographical Questionnaire, Individual Financial Statement and Request for Criminal History Information These forms may be found at <https://ndbf.nebraska.gov/industries/delayed-deposit-services-payday-lenders-forms>. In addition, include one check made payable to the "Nebraska State Patrol" totaling \$12.50 times the number of individuals listed in (a).
- d) Attach a criminal background report for the individuals listed in (a), above, from every state in which he or she resided within the last ten (10) years.

|     |   | <b>Attachments required if<br/>answer is "Yes" to any<br/>question below.</b>   | <b>Yes</b><br><input checked="" type="checkbox"/> | <b>No</b><br><input checked="" type="checkbox"/> |
|-----|---|---|---|--|
| 3.  | Has the licensee or any officer, director, shareholder, partner or member become involved, since March 1, 2018, with any other Delayed Deposit Services Business under any name(s) other than the name listed in Box 1 of this application?     | If "yes," attach a list of who became involved and the name and principal address of each Delayed Deposit Services Business.                              |   |  |
| 4.  | Is the licensee currently conducting, or contemplating conducting, business as a Delayed Deposit Service Business, or related type business in any other state(s)?  | If "yes," attach a list of <b>all</b> name(s) of the Delayed Deposit Services Business(es), and indicate state(s) where business is or will be conducted. |   |  |
| 5.  | Has licensee's or any affiliate's authority to transact business as a Delayed Deposit Services Business or related type of business been revoked or suspended by any state or federal regulatory or law enforcement agency since March 1, 2018? | If "yes," attach details and documentation.   |   |  |
| 6.  | Has licensee or any affiliate been subject to any federal or state administrative investigation or order since March 1, 2018?   | If "yes," attach details and documentation.   |   |  |
| 7.  | Does the licensee or any affiliate have any administrative investigations or orders pending?  | If "yes," attach details.   |   |  |
| 8.  | Has licensee or any affiliate been fined by any state or federal regulatory agency since March 1, 2018?   | If "yes," attach details and documentation.   |   |  |
| 9.  | Has any person associated with the licensee been charged with, or convicted of, any misdemeanor involving any aspect of a Delayed Deposit Services Business, or any business of a similar nature since March 1, 2018?                           | If "yes," attach details.   |   |  |
| 10. | Has any person associated with the licensee been charged with, or convicted of, any felony since March 1, 2018?   | If "yes," attach details.   |   |  |
| 11. | Has the licensee or any officer, director, shareholder, partner or member declared bankruptcy or undergone a corporate reorganization since March 1, 2018?  | If "yes," attach details.   |   |  |
| 12. | Has the licensee undergone a business reorganization since March 1, 2018?   | If "yes," attach details.   |   |  |
| 13. | Is the licensee conducting any other business that may require registration with the Financial Crime Enforcement Center (FINCEN) as a money services business? (Enter Date as MM/DD/YYYY)   | If "yes," type of business:<br>_____<br>DATE: _____<br>Attach copy of last registration.  |   |  |

14. List all Principal Places of Business and Branch locations for Delayed Deposit Services in Nebraska. If additional columns are needed, copy this page and attach.

|   | (a)  | (b)  | (c)  |
|---|--|--|--|
| County License #:   | #  | #  | #  |
| Indicate whether column pertains to Principal or Branch Location (Check one):   | <input type="checkbox"/> Principal <input type="checkbox"/> Branch | <input type="checkbox"/> Principal <input type="checkbox"/> Branch | <input type="checkbox"/> Principal <input type="checkbox"/> Branch |
| County:   |  |  |  |
| Location Address:<br>Street,<br>City, State, Zip Code   |  |  |  |
| Telephone:  |  |  |  |
| Fax:  |  |  |  |
| Hours of Operation:   |  |  |  |
| # Of Employees working under License #:   | Full-Time   Part-Time<br>_____                                     | Full-Time   Part-Time<br>_____                                     | Full-Time   Part-Time<br>_____                                     |
| All Other Business Currently Conducted at This Location (i.e. check cashing, money orders, facsimile services, phone cards, tax preparation, bill pay, etc)<br><br>(Submit the Conducting Other Business Form for any activity not previously approved by the Department. This form may be found at:<br><a href="https://ndbf.nebraska.gov/industries/delayed-deposit-services-payday-lenders-forms">https://ndbf.nebraska.gov/industries/delayed-deposit-services-payday-lenders-forms</a> ) |  |  |  |
| Manager Name<br>Email Address   |  |  |  |
| Pre-Exam Contact: Name,<br>Title,<br>Mailing Address,<br>City, State, Zip Code<br>Telephone,<br>Email Address   |  |  |  |
| Exam Delivery Contact: Name,<br>Title,<br>Mailing Address,<br>City, State, Zip Code<br>Telephone,<br>Email Address  |  |  |  |
| Exam Billing Contact: Name,<br>Email Address:   |  |  |  |
| Person Responsible for Consent Agreement/Order Signature: Name,<br>Title,<br>Mailing Address,<br>City, State, Zip Code<br>Telephone,<br>Email Address   |  |  |  |
| Complaints Contact: Name,<br>Title,<br>Mailing Address,<br>City, State, Zip Code<br>Telephone,<br>Email Address   |  |  |  |

15. Include one check made payable to the Nebraska Department of Banking and Finance for the renewal fee of \$500 for each Principal Place of Business location and \$500 for each Branch location.
16. **Mail** this Business License Renewal Application, attachments and renewal fee(s) to the Department of Banking and Finance, **postmarked NO LATER than April 12, 2019.**
17. Submit **by email** the **Annual Report** for each Principal Place of Business location. **Use the DDS Licensee Annual Report form found** at <https://ndbf.nebraska.gov/industries/delayed-deposit-services-payday-lenders-forms>. Submit in an EXCEL-COMPATIBLE FORMAT to [DOB.ConsumerFinance@nebraska.gov](mailto:DOB.ConsumerFinance@nebraska.gov).

*I REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Typed Name and Title*

\_\_\_\_\_

*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 he or she signed the foregoing document on behalf of said business.

(seal)

\_\_\_\_\_

*Notary Public*