

Delayed Deposit Services License Surrender

INSTRUCTIONS

- You may request license surrender directly from the Department. Requests can be made via email to dob.consumerfinance@nebraska.gov. Please provide the licensee's business name and license number for the requested license surrender in the subject line of the email request.
- Please complete the checklist below and return it to the Department. The completed checklist may be attached to the email request. If sent separately, it can also be sent via email to dob.consumerfinance@nebraska.gov with the licensee's identifying information in the subject line.
- If the surrender request is being made for multiple licenses, please complete the checklist for ***each*** of the licenses that will be surrendered.
- The information in this checklist is required regardless of whether the license being surrendered is for a main license in a county or a branch license.
- If all licensed locations in a single county are being surrendered, the licensee must provide its annual report to the Department, with all required information for the calendar year to date.
- If the main county license is being surrendered, and any branch licenses will remain active in that same county, the licensee will need to convert one of the remaining branch licenses to a main license. If this is applicable, please contact the Department for additional information at dob.consumerfinance@nebraska.gov.
- The Department may request any additional information necessary to process the surrender request.
- The physical license(s) must be returned to the Department after the last day that the business will be open. ***A physical license must be posted at each licensed location throughout the final date that the location will remain open and be conducting delayed deposit services business.***
- Please note that a licensee ***must*** maintain its license to engage in any delayed deposit services business under the Act, which includes holding checks and collecting on unpaid amounts owed.
- The Department may inspect the books and records of licensees, even after closure of the business and cancellation of the license, as necessary to enforce and administer the Delayed Deposit Services Licensing Act.
- Surrender of a license does not affect the licensee's civil or criminal acts committed prior to such surrender.
- The Department will provide the licensee with a signed Order cancelling the license(s) as requested in the surrender. Please ensure that the licensee's point of contact with the Department provides and maintains up-to-date and accurate contact information, including physical address and e-mail address.

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CHECKLIST

Licensee name: _____

I am requesting the surrender of the following license number: _____

The date of the last delayed deposit transaction that was made under the above license: _____

The date that the last delayed deposit transaction was completed in its entirety: _____

The last day that the business will be open: _____

The location and contact information for storage of books and records for the next three (3) years:

Communications regarding the licensee or this surrender request should be directed to:

Name: _____

Title: _____

Address: _____

Telephone: _____

Email Address: _____

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

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____