

**N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

**LICENSE APPLICATION INSTRUCTIONS
NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED**

All applications submitted to this office must be complete and include all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. No further review will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.

GENERAL INSTRUCTIONS

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. A limited liability company must submit a copy of the LLC operating agreement. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE**

LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

LICENSE APPLICATION
NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED

INDICATE TYPE OF LICENSE: Money Transmitter <input type="checkbox"/> Foreign Money Transmitter <input type="checkbox"/> Insurance Premium Finance Co <input type="checkbox"/> Non-Profit Debt Adjuster <input type="checkbox"/> Home Finance Agency <input type="checkbox"/>

THIS APPLICATION IS FILED BY A: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
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TYPE OR PRINT CLEARLY

1. Name of applicant: _____

D/B/A or Trade Name (if applicable) _____

2. Principal Business Address: _____

Contact Person _____ Tel. No. _____

E-mail address (Required) _____

3. Federal Tax Identification No. _____

4. Alternate mailing address, if different from address to be licensed:

_____ Address

_____ Person to Contact Telephone No.

5. Officer/Member/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholder/Member information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER-SHIP	BUSINESS ADDRESS

8. Name and business address of the registered agent in this State _____

9. Date of incorporation/formation: _____

10. Place of incorporation/formation: _____ in the County of _____ State of _____

11. Date of authorization to do business in New Jersey _____ (applicable to foreign corporations).
 Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, members, directors, partners, owners or substantial stockholders over 18 years of age? Yes ___ No ___. Are all of the officers, members, directors, partners, owners or substantial stockholders citizens of the United States? Yes _____ No _____.

13. Is the applicant or any officer, member, director, partner, owner or substantial stockholder now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____

14. Has the applicant or any officer, member, director, partner, owner or substantial stockholder had any fines or penalties levied in this state, any other state, or federal jurisdiction? Yes _____ No _____

15. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime or misdemeanor (other than a motor vehicle violation) in this state, any other state, or by the federal government? Yes ____ No ____ **If “yes”, complete an [ARREST FORM](http://www.state.nj.us/dobi) found on www.state.nj.us/dobi.**
16. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes ____ No ____
17. Has the applicant or any officer, member, director, partner, owner or substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes ____ No ____.
18. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes ____ No ____.
19. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes ____ No ____ . Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant’s or licensee’s financial health and would be required to be referenced in that entity’s annual audited financial statements, reports to shareholders or similar documents.

SOLE PROPRIETOR ONLY

20. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes ____ No ____
MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.

For “No” response to either question contained in Question 12, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 13 thru 20, refer to the website for an [explanation of supporting documentation requirements](#).

Failure to provide the specific information requested will cause the application to be returned to you.

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purposes. The authority to compel disclosure of Social Security Numbers is established at P.L. 1996, c.7 and N.J.A.C. 3:1-20.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signed, sealed and delivered in
the presence

(Print Name of Applicant)

(CORPORATE SEAL)
(if applicable)

(Signature of Corporate President, Member, Partner or Sole Proprietor)

Attest: _____
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

this _____ **day of** _____ **20** _____

(Official Title)

PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner _____
Director _____
Stockholder _____
Employee _____

- Name _____
- Residence Address _____
- Business Address _____
- Date of Birth _____ Place of Birth _____
- Telephone No. (____) _____ Social Security Number _____

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

- Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

- Are you over 18 years of age? Yes _____ No _____. Are you a citizen of the United States? Yes _____ No _____. If no, in what country do you hold citizenship? _____.
- Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes _____ No _____. **If “yes”, complete [ARREST FORM](http://www.state.nj.us/dobi) found on www.state.nj.us/dobi.**
- Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes _____ No _____
- Have you been involved in any material litigation during the five-year period prior to application? Yes _____ No _____
- Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____
- Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____
- Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
- Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____.
- Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes _____ No _____. Are you in arrears on such obligations for a period of six months or more? Yes _____ No _____.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20_____

Title