STATE OF TENNESSEE

Department of Financial Institutions
Compliance Division
414 Union Street, Suite 1000
Nashville, Tennessee 37219
615/741-3186

TITLE PLEDGE LENDER LICENSE APPLICATION

Application is hereby made for a license pursuant to TCA §45-15-102, to transact business as a Title Pledge Lender.

1. Name of Applicant _____

Full and exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

_____

Legal name of applicant if different from above.

2. Headquarters _____

Street Address

_____

City State Zip Code County

_____

Phone Number Fax Number E-mail Address

_____

Name of manager at this location

_____

Bank Name Account Number

3. Person responsible for matters relating to this application:

_____

Name and Title

_____

Company

_____

Street Address

_____

City, State, Zip

_____

Phone Number Fax Number

_____

E-mail Address

4. Name of Registered Agent (if Corp or LLC):

_____

Name and Title

_____

Company

_____

Street Address

_____

City, State, Zip

_____

Phone Number Fax Number

_____

E-mail Address

5. Business Structure:

(a) _____ Corporation / Corporation Doing Business under an Assumed Name (d/b/a): _____

- State of Incorporation: _____
- Date of Incorporation: _____
- Tennessee Secretary of State Corporate ID Number: _____
- Federal Tax ID Number: _____
- Attach copy of corporate charter or certificate of incorporation
- If foreign corporation, attach certificate of authority to do business in Tennessee
- If operating under assumed name (d/b/a), attach authorization from Tennessee Secretary of State

(b)_____ Limited Liability Company:

- Tennessee Secretary of State ID Number: _____
- Federal Tax ID Number: _____
- Attach articles of organization and operating agreement along with any amendments
- If operating under assumed name (d/b/a), attach authorization from Tennessee Secretary of State
- Attach certificate of authority to do business in Tennessee

(c)_____ General Partnership:

- Attach a copy of the partnership agreement along with any amendments

(d)_____ Limited Partnership:

- Attach a copy of the certificate of limited partnership
- Attach a copy of the partnership agreement along with any amendments

(e)_____ Sole Proprietor / Individual Doing Business Under an Assumed Name (d/b/a) _____

6. Owners. Provide a current list including the name, social security number, date of birth, residence and business addresses, residence and business phone numbers, and title of each owner, partner, L.L.C. member, director, officer, five percent (5%) or more shareholder and beneficiary (of a trust) of the applicant. (Attach list).

7. Background Information. Provide a brief summary of the professional and educational background and experience of each person listed in response to question 6, including any licenses or professional designations held. (Resumes are acceptable).

8. Credit Report. Provide a copy of a current credit report from a major credit bureau for the applicant and all persons listed in response to question 6. These credit reports must be dated within thirty (30) days prior to the date of the application. Provide an explanation of any negative information on the credit report.

9. Financial Statements. The applicant (i.e., corporation, LLC, partnership, sole proprietor) must provide a balance sheet and statement of income and expense for the immediately preceding fiscal year, prepared in accordance with generally accepted accounting principles by an independent certified public accountant. For a newly created entity, provide a balance sheet, accompanied by a projected income statement, demonstrating that the applicant will have adequate capital after payment of start-up costs.

10. Surety Bond. Provide a one (l) year surety bond or irrevocable letter of credit for terms of not less than three (3) years in the amount of $25,000 for each location not to exceed $200,000 pursuant to Tennessee Code Annotated § 45-15-106 Section 5(d)(3).

11. Offices. Please list location covered by this application. Each Location requires a non refundable filing fee of $700 payable to the Tennessee Department of Financial Institutions.

(a) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(b) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(c) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(d) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(e) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(f) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

(g) _____ _____
Name of Business Phone Number

_____ _____
Street Address Fax Number

_____ _____
City State Zip Code Manager

NOTE: Attach additional sheets if necessary.

12. If the applicant is proposing to operate at a location where other business(es) is/are being conducted provide the name of the other business(es) and the type of business conducted.

_____

_____

13. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholder(s) or beneficiaries (of a trust):

(a) Been licensed (previously or currently) to conduct business as a Title Pledge Lender or similar type business in Tennessee or any other state(s)? **No ___ Yes ___** *If yes, please attach list of the state(s) and the name and address of the business.*

(b) Been indicted, convicted, pled guilty or pled nolo contendere to a felony? **No ___ Yes ___** *If yes, please attach explanation and copies of the judgment(s) and plea agreement(s).*

(c) Been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? **No ___ Yes ___** *If yes, please attach explanation and copies of the final order(s), consent decrees, agreed orders, assurance(s) of voluntary compliance and any other supporting documentation.*

(d) Ever applied for a license to the Commissioner of Financial Institutions, or any other state agency, to do business in the State of Tennessee? Include licenses for any company for whom applicant acts as an agent. **No ___ Yes ___** *If yes, please attach explanation and provide copies of the licenses.*

(e) Been enjoined or restrained by order of any court from engaging in any conduct or practice related to Title Pledge Lending? **No ___ Yes ___** *If yes, please attach explanation and copies of all order(s), judgments, pleadings and other supporting documentation.*

(f) Had the Commissioner of Financial Institutions, any other agency of the State of Tennessee, any federal agency or any agency of any other state initiate a regulatory action or order? **No ___ Yes ___** *If yes, please attach explanation and copies of all order(s), judgments. pleadings and other supporting documentation.*

(g) Had any contingent liabilities as endorser, or guarantor, or otherwise? Include all pending litigation, and note any potential settlement amounts that could significantly affect the applicant's financial condition. **No ___ Yes ___** *If yes, please attach explanation and copies of all order(s), judgments, pleadings and other supporting documentation.*

(h) Ever filed Chapter 7, 11 or 13 Bankruptcy? **No ___ Yes ___** *lf yes, please attach explanation and copies of all order(s), judgments, pleadings and other supporting documentation.*

14. Notarization (Notary must be independent and not affiliated with applicant)

STATE OF _____

COUNTY OF _____

I _____ of
name and title

_____,
entity name

organized in the State of _____do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the application. I further declare that I have read and understand all the requirements of the Act (TCA § 45-15) under which I am applying.

_____
Signature and Title

Subscribed and sworn to before me on

this ____ day of _____, _____.

Notary _____

My Commission Expires _____

NOTARY SEAL