

**MORTGAGE BROKER, LENDER AND SERVICER  
LICENSE APPLICATION PROCEDURES**

1. Please respond completely to all applicable questions on the form.
2. Questions pertaining to the completion of this application may be directed to the Compliance Division of the Department of Financial Institutions at (615) 741-3186.
3. Please attach the bond (page 7, along with a Power of Attorney) or a letter of credit payable to the People of the State of Tennessee. The bond must run the calendar year from January 1 to December 31, renewable each year and must remain in effect for two years after close of business for any reason. The letter of credit must be for three years initially, renewable and must remain in effect for two years after close of business for any reason.
4. Please provide a compiled financial statement in the name of the applicant prepared in accordance with generally accepted accounting standards by a CPA or PA. The financial statement must show, at a minimum, a tangible net worth of \$25,000.
5. If applicant is a corporation or an LLC, please complete the Affidavit of Official Signing of Registration and Certificate of Resolution.
6. If the applicant is a corporation or an LLC a certificate of authority must be obtained from the Secretary of State. Conversely, if the applicant is a Limited Partnership, a Certificate of Registration must be obtained from the Secretary of State.
7. A complete application, supporting documents and the \$600.00 annual license and investigation fees made payable to the "Department of Financial Institutions" should be mailed to :

DEPARTMENT OF FINANCIAL INSTITUTIONS  
SUITE 400, NASHVILLE CITY CENTER  
511 UNION STREET  
NASHVILLE, TN 37219



C. Regulatory History

- i. Has the Applicant ever been subject to any administrative action by a State or Federal Regulatory Agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- ii. Has the Applicant ever surrendered or been refused a license by any State or Federal Regulatory Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either of the above questions is yes, please provide details on a separate sheet of paper.

iii. Name of State(s) where the applicant or its affiliates currently broker, originate or service first mortgage loans. \_\_\_\_\_

**II. PERSONNEL**

List below the names and business address for all officers, directors, members, shareholders or partners for this business entity. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary or treasurer. "Shareholders" means if total number of shareholders equals 20 or less, or only of those shareholders holding (or controlling) 10% of the outstanding voting stock of the corporation if there are more than 20 shareholders. If more space is required, please use an additional sheet. (If the licensee is an individual, please indicate "N/A" below)

Name and title	Business Address (Street, City, State and Zip code)
Are all officers and directors listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Responsible for the Tennessee Operations of the Applicant:

\_\_\_\_\_  
 Name (    )  
Telephone No.

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Street Address

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City State Zip Code

**III. OPERATION AND RECORD RETENTION**

**Pursuant to Tennessee Code Annotated § 45-13-109(a), every licensee and registrant shall keep and maintain at all times in its principal place of business correct and complete records of all mortgage loan transactions arranged by such licensee or registrant.**

A. Location of the principal U. S. Office of the applicant:

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

B. Please identify all Tennessee office locations at which the business of the applicant is conducted. Attach additional pages if necessary.

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code



**V. CERTIFICATE OF RESOLUTION**

This is to certify that at a \_\_\_\_\_ meeting of the \_\_\_\_\_ or  
board of directors (if corporation)  
\_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_  
manager or members (if LLC) applicant's name type of entity

organized under the laws of the State of \_\_\_\_\_ held at the office of said entity at  
\_\_\_\_\_ of \_\_\_\_\_, County of \_\_\_\_\_,  
street address city

State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the following resolution was  
duly and legally presented and adopted by the majority vote, to-wit:

It being the desire and purpose of the Board of Directors, managers or members of \_\_\_\_\_  
applicant's name  
that this entity should take steps to be registered as a Mortgage \_\_\_\_\_  
broker, lender and/or servicer

under the provisions of the Tennessee Residential Lending Brokerage and Servicing Act of 1988 (TCA. §  
45-13-101 *et seq.*)

BE IT RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_  
officer's name title

of this entity, and in his/her official capacity be, and is hereby authorized and directed to prepare,  
execute, verify, and present to the proper state authorities of the State of Tennessee, and for and on behalf  
of said \_\_\_\_\_, written application for license under the provisions of  
applicant's name

Tennessee Residential Lending Brokerage and Servicing Act (TCA. § 45-13-101 *et seq.*), authorizing the  
conducting of said business as a mortgage \_\_\_\_\_ by this entity and to do all acts  
broker, lender and/or servicer

and perform all necessary legal requirements on behalf of said entity to procure the same.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date



**VII. PERSONAL DISCLOSURE STATEMENT**

(Page 1 of 3)

A. Please complete the following for the applicant. If the applicant is other than an individual, complete the following for all partners, officers, directors, members, shareholders and affiliates identified on Page 2 of this application.

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Name	Principal Occupation, Employer
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Business Address	City, State	Zip Code
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Business Telephone No.

Business affiliations – List all firms, companies, corporations or other business organizations of which you are at present a director, officer, employee, partner, owner or affiliate.

Name and location of business

Type of business

Position held

**PERSONAL DISCLOSURE STATEMENT**

(Page 2 of 3)

B. Business Experience/Employment record during the past 10 years.

Date	From:	Name and Location of	Business	Type of Business	Position Held
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**PERSONAL DISCLOSURE STATEMENT**

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C. Other Information (If the answer to any of the following questions is yes, please see page 11):

Have you ever been adjudged as bankrupt, filed a Chapter 7, 11 or 13 voluntary bankruptcy petition or had to work out a compromise with your creditors during the past ten years?

Yes\_\_\_ No\_\_\_

Have you ever been convicted of, or pleaded guilty to, or pleaded nolo contendere to, any civil or criminal offense involving dishonesty, fraud, or breach of trust?

Yes\_\_\_ No\_\_\_

Have you ever pleaded guilty to, been convicted of or pleaded nolo contendere to, any felony or misdemeanor (other than a minor traffic violation)?

Yes\_\_\_ No\_\_\_

Have you been subject to any adverse administrative action with respect to any professional license you hold or have held, including those involving any business or enterprise with which you have been associated as a partner, officer, director, shareholder (owning 5% or more of the outstanding voting stock), or affiliate been convicted of any criminal matter involving dishonesty, fraud or breach of trust?

Yes\_\_\_ No\_\_\_

Have you completed the confidential background information consent form?

Yes\_\_\_ No\_\_\_

**CERTIFICATION**

I hereby certify that the foregoing Personal Disclosure Statement is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the application.

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Signature and Title Date

## **SUPPLEMENTAL QUESTIONNAIRE:**

If you answered “yes” to any Regulatory History Questions (page 3) or Personal Disclosure Statement questions (page 10) please provide the following details, attach additional sheets if needed.

- a. The type of any judicial or administrative proceeding in which you were involved.
- b. Describe any charges brought against you.
- c. The factual background.
- d. Your name as listed in the court pleadings.
- e. The name and address of any co-defendant.
- f. The name of the court having jurisdiction & the court address.
- g. The case or docket numbers.
- h. Whether any judgment or conviction was entered on each charge, the date of the judgment or conviction, the name of the judge, administrative law judge, referee or other magistrate that entered the judgment or conviction. (Please also attach a copy of any judgment or conviction entered).
- i. Detail any sentence received, including but not limited to, pretrial diversion, court supervision, probation, incarceration; the date of sentencing and the name of the sentencing judge, referee or other magistrate. (Please also attach a copy of any sentencing order).
- j. The name, address and telephone number of any attorney who represented you.

**CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM**

D. By Signing this Consent, I understand and agree to the following:

The following information about me is necessary to assist the Department of Financial Institutions in evaluating the application of \_\_\_\_\_(applicant). The information will be used to evaluate, among other things, my experience, character, business reputation, and general fitness as legally required by Tennessee Residential Lending Brokerage and Servicing Act (TCA. § 45-13-101 *et seq.*).

I understand that omissions or inaccuracies in completing the application may result in denial of the application.

The Department may also conduct an independent investigation of me, which may include, but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies and credit reporting agencies. If any information the Department receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the Department will give the applicant, through the person designated for contact, notice of the fact, including a statement of the statutory and factual basis which would warrant denial and the applicant’s rights in respect thereto.

\_\_\_\_\_  
Name (Please print) Date of Birth

\_\_\_\_\_  
Home Address City, State Zip Code

\_\_\_\_\_  
Driver’s License No. Social Security No.

\_\_\_\_\_  
Other names by which I am now known or have used in the past  
( )

\_\_\_\_\_  
Home Telephone No.  
( )

\_\_\_\_\_  
Signature Date

**VIII. CERTIFICATION**

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the APPLICATION.

\_\_\_\_\_  
Signature Date

STATE OF \_\_\_\_\_

SS

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
before me, a Notary Public in and for said County personally appeared \_\_\_\_\_ known  
to me to be said person named in and who executed the foregoing application and made oath that the  
statements and representations set forth herein are true to the best of his/her knowledge and belief.

(Notary seal)

\_\_\_\_\_  
Notary public

My commission expires \_\_\_\_\_