

Alaska Company Uniform Application Form

Small Loan Company (AS 06.20, 3 AAC 12)	Deferred Deposit Advance Business (AS 06.50)	Currency Exchange Only (06.60.55.201)												
Premium Financing Company (AS 06.40, 3 AAC 07)	Money Transmitter (06.60.55.102 - 06.60.55.103)													
1. Identifying Information														
Exact name, principal business address, mailing address, if different, and telephone numbers of Licensee:														
(A) Entity name (sole proprietors provide last, first, and full middle name) <hr style="border: 1px solid black; margin-top: 10px;"/>														
(B) Trade Name to conduct business in Alaska: _____														
(C) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) <hr style="border: 1px solid black; margin-top: 10px;"/>														
(D) Main address (Do not use a P.O. Box): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="font-size: small;">Number & Street</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Country/Province</td> <td colspan="2" style="font-size: small;">Postal Code</td> </tr> </table>									Number & Street	City	State	Country/Province	Postal Code	
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(E) Mailing address: <input type="checkbox"/> Same as above <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="font-size: small;">PO Box or Number & Street</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Country/Province</td> <td colspan="2" style="font-size: small;">Postal Code</td> </tr> </table>									PO Box or Number & Street	City	State	Country/Province	Postal Code	
PO Box or Number & Street	City	State	Country/Province	Postal Code										
(F) Business phone, fax and email address: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;">() - ext</td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;">() - ext</td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: small; text-align: center;">Business Phone</td> <td style="font-size: small; text-align: center;">Fax Line</td> <td style="font-size: small; text-align: center;">Email Address</td> </tr> </table>			() - ext	() - ext		Business Phone	Fax Line	Email Address						
() - ext	() - ext													
Business Phone	Fax Line	Email Address												
(G) Other than the office in 1D, does the entity conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO All other locations and or branch offices the entity may use to conduct business with Alaskans must be reported as a “Delegate or Branch Location,” even if said location is not located in Alaska. Use the Delegate/Branch Location Form to report these. (Applicable only to Money Service Business applicants.)														
2. Other Trade Names														
List any other trade name(s) (i.e. business name, fictitious name, or “doing business as” name) for this company below														
_____ Other Trade Names or “dba” used	_____ State(s) where the Other Trade Name is used	Identify applicable industry: Money Services <input type="checkbox"/> Debt Consumer Finance												
_____ Other Trade Names or “dba” used	_____ State(s) where the Other Trade Name is used	Identify applicable industry: Money Services <input type="checkbox"/> Debt Consumer Finance												

3. Business Activities

Select **all** business activities conducted by your company from the list below, including business activities for which a license renewal request is being submitted or for which your company is not specifically seeking licensing authority.

Money Services	Consumer Finance	Debt
<input type="checkbox"/> Electronic money transmission <input type="checkbox"/> Issuing traveler’s checks <input type="checkbox"/> Selling traveler’s checks <input type="checkbox"/> Issuing money orders Selling money orders <input type="checkbox"/> Bill paying <input type="checkbox"/> Issuing and/or selling drafts <input type="checkbox"/> Transporting currency <input type="checkbox"/> Issuing prepaid access/stored value <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Internet <input type="checkbox"/> Check cashing <input type="checkbox"/> Foreign currency dealing or exchanging <input type="checkbox"/> Door to Door Transactions <input type="checkbox"/> Internet <input type="checkbox"/> Internet Only <input type="checkbox"/> Seasonal Business Dates of operation: _____ Other – _____	Payday lending – storefront Payday lending – online Consumer loan brokering Consumer loan lending Consumer loan servicing Sales finance company activities – motor vehicles Sales finance company activities – general Title lending Refund anticipation lending Premium Finance company activities <input type="checkbox"/> Retail installment selling <input type="checkbox"/> Escrowing agents <input type="checkbox"/> 1031 exchange companies <input type="checkbox"/> Private student loan lending <input type="checkbox"/> Non-private student loan lending <input type="checkbox"/> Rent-to-own <input type="checkbox"/> Accounting/Billing servicing Industrial loan lending companies Pawn brokering	First party debt collection <input type="checkbox"/> Third party debt collection <input type="checkbox"/> Debt negotiation <input type="checkbox"/> Debt settlement/debt adjuster <input type="checkbox"/> Passive debt buying (does not undertake direct collections on accounts) <input type="checkbox"/> Debt management/credit counseling <input type="checkbox"/> Credit repair Judgment recovery Repossession agency activities Non-mortgage loan modifications Bi-weekly payment processing services Other - debt

4. Resident/Registered Agent

Provide the information for your company’s resident/registered agent below. If the resident/registered agent is a company rather than an individual, put the words ‘registered agent’ in the Title field.

_____	_____	_____	_____
Company	First Name	Last Name	Title
_____	_____	_____	_____
Number & Street (No PO Boxes)	City	State	Country/Province Postal Code
() - ext	() -	_____	
Business Phone	Fax Line	Email Address	

5. FinCEN Registration:

Date of Filing: _____

6. Web Addresses

Provide the full web address(es) for the company and any separate websites for other trade names identified in question 2 (if one exists).

(A) Website Address: _____
Is your company transacting business through this website? YES NO(B) Website Address: _____
Is your company transacting business through this website? YES NO(C) Website Address: _____
Is your company transacting business through this website? YES NO**7. Primary Contact Employee Information**

List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.

 Primary Application Contact Primary Compliance (Regulator)_____
First Name Last Name Title_____
PO Box or Number & Street City State Country/Province Postal Code() - ext () -
Business Phone Fax Line Email Address**8. Additional Contact Employees Information**

In the section below, identify any additional contact employee you wish to assist regulators with specific inquiries. Use additional sheets if necessary.

First Name Last Name Title_____
PO Box or Number & Street City State Country/Province Postal Code() - ext () -
Business Phone Fax Line Email Address

Indicate area(s) in charge:

 Accounting Consumer Complaint (Public) Consumer Compliance (Regulator) Exam Billing
 Exam Delivery Legal Licensing Litigation Pre-Exam Contact

9. Books and Records Information

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

Company

Same as main address

First Name

Last Name

Business Address (Physical Location)

City

State

Country/Province

Postal Code

() - ext
Business Phone

() -
Fax Line

Email Address

Comments:

10. Other Business

A. Will entity engage in any non-financial services-related business?
If "yes" briefly describe.

YES **NO**

11. Bank Account Information

(A) Account Type: Operating Bank Name: _____

(B) _____
PO Box or Number & Street City State Country/Province Postal Code

(C) _____
Account Number Notes: _____

12. Legal Status

(A) Fiscal Year end (MM/DD): _____

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where licensee entity was formed):
Date of formation (MM/DD/YYYY): _____
Formation State: _____ Formation Country/Province: _____

(C) If publicly traded please insert stock symbol: _____

(D) Indicate legal status of licensee.

Corporation Limited Liability Company Not For Profit Corporation
 Partnership Sole Proprietorship Other (specify) _____

13. Affiliates/Subsidiaries

In this section, you must identify each entity under common ownership (affiliate) and each entity under your control (subsidiary) that provides financial services. Use additional sheets if necessary.

(A) Affiliate/Subsidiary Name: _____

(B) _____
Number & Street City State Country/Province Postal Code

(C) Control Relationship: Affiliate (Under Common Control) Subsidiary (Entity Controls)

(D) Description: _____

(E) I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest) YES NO

14. Financial Institutions

If your company is controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or holding company, all such financial institutions must be identified in this section. Use additional sheets if necessary.

Type of Institution: Bank Holding Company Credit Union Foreign Bank National Bank
 Savings Association/Savings Bank State Member Bank of the Federal Reserve System
 State Non-Member Bank Holding Company

Financial Institution Name: _____

Number & Street City State Country/Province Postal Code

Relationship Description:

15. Disclosure Questions

For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the licensee. If the answer to any of the following is "YES", you must provide complete details on a separate sheet.

Financial Disclosure

Yes No

(A) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?

(B) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?

(C) Does the entity have any unsatisfied judgments or liens against it?

Criminal Disclosure

(D) Has the entity or a control affiliate ever:

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

(2) been charged with any felony?

(E)

(1) In the past 10 years has the entity or a control affiliate been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?

- (2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in 19(E)(1)?

Regulatory Action Disclosure

- (F) In the past 10 years, has any state or federal regulatory agency or *foreign financial regulatory authority* ever:
- (1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?
 - (2) found the entity or a control affiliate to have been *involved* in a violation of a *financial services-related* regulation(s) or statute(s)?
 - (3) found the entity or a control affiliate to have been a cause of a *financial services-related* business having its authorization to do business denied, suspended, revoked or restricted?
 - (4) entered an *order* against the entity or a control affiliate in connection with a *financial services-related* activity?

Regulatory Action Disclosure (Continued)

- (G) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?
- (H) Is there a pending regulatory *action against the entity or a control affiliate for any alleged violation described in (F)* through (G)?

Civil Judicial Disclosure

- (I) Has any domestic or foreign court:
- (1) in the past ten years enjoined the entity or a control affiliate in connection with any *financial services-related* activity?
 - (2) In the past ten years found the entity or a control affiliate was *involved* in a violation of any *financial services-related* statute(s) or regulation(s)?
 - (3) in the past ten years dismissed, pursuant to a settlement agreement, a *financial services-related* civil action brought against the entity or a control affiliate by a state, federal, or *foreign financial regulatory authority*?
- (J) Is there a pending *financial services-related* civil action in which the entity or a control affiliate is named for any alleged violation described in (I)?

Customer Arbitration/Civil Litigation Disclosure

- (L) Have you ever been named as a respondent/defendant in a *financial services-related* consumer-initiated arbitration or civil litigation which:
- (1) is still pending; or
 - (2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or
 - (3) was settled for any amount?

16. Direct Owners and Executive Officers

Provide the information requested below for the individual or company being identified as a (i) direct owner of 25% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An MU2 Form (attached left) must be completed for all natural person(s) identified in this section.

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner in which interest is held	% Ownership	Control Person	Stock Symbol (Company only)	SSN or EIN (Company Only)	Individual or Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

17. Indirect Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner in which interest is held	% Ownership	Control Person	Stock Symbol (Company only)	SSN or EIN (Company Only)	Individual or Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

18. Foreign Agents

Does the entity conduct money transmission or currency exchange using Foreign Agents and/or a Foreign Clearinghouse?
 YES (If yes, you must complete the information below) or you may submit the information in Excel format

Name (Include Legal and DBA Name)	Location (Physical Address)	Location (City)	Location (Country)

19. Authorized Delegate Locations / Branch Locations

Does the entity conduct money transmission or currency exchange using independent authorized agents or at company branch locations?

YES - You must electronically submit the Applicant Delegate Workbook *template attached – view left*. All Agents must obtain and maintain a valid Alaska business license. Expired Alaska business licenses will delay final review of your application. Submit to moneytransmitters@alaska.gov

NO

NEW APPLICATION ATTESTATION

EXECUTION:

I, _____ (Full Name), _____ (Title/Position), am employed by or am an officer or a control person of _____ (Applicant). Applicant agrees to and represents the following:

1. That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true, and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
2. To the extent any information previously submitted is not amended, such information remains accurate and complete;
3. That the State of Alaska, to which the application is being submitted, may conduct any investigation into the background of the Applicant and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
4. To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
5. To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, the foregoing application may be denied.

On this _____ (MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

Alaska Statute 06.01.025 Records of the Department

Information in the records of the department obtained through the administration of this title is confidential, is not subject to subpoena, and may be revealed only with the consent of the department.