

Alaska Company Uniform Application Form

Small Loan Company (AS 06.20, 3 AAC 12)	Deferred Deposit Advance Business (AS 06.50)
Premium Financing Company (AS 06.40, 3 AAC 07)	Trust (AS 06.26, 3 AAC 04)
Money Transmitter (AS 06.55.102)	Money Transmitter (AS 06.55.103)
	Currency Exchange Only (AS 06.55.201)

1. Initial Information

A. Entity Name (Sole Proprietors provide Last, First, and Full Middle Name) _____

B. Trade Name for conducting business in Alaska: _____

C. IRS Employer Identification Number (Social Security Number for sole proprietorship) _____

D. Indicate legal status of licensee.

Corporation	Limited Liability Company	Non-Profit Corporation	Partnership
Sole Proprietorship	Other (specify) _____		

E. 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):

Formation State _____ Formation Country _____ Date _____

F. Fiscal Year End (MM/DD) _____

G. If publicly traded, insert stock symbol: _____

H. Physical Address (Do not use P.O. Box)

Number & Street	City	State	Country	Postal Code
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I. Mailing Address Same as above

P.O. Box or Number & Street	City	State	Country	Postal Code
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J. Website Provide the full web address(es) for the company and any separate websites for other trade names used.

1. Web Address _____

Is your company transacting business through this website? Yes No

2. Web Address _____

Is your company transacting business through this website? Yes No

3. Mobile Device Application _____

Is your company transacting business through this application? Yes No

K. Business Communications

Business Phone	Ext.	Fax Number	Ext.	Toll Free
Primary Email _____				

L. Other than the office in H., does the entity conduct business with consumers through branch offices or other business locations? YES 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.)

M. FinCEN Registration _____ Date of Filing _____

N. 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 'dba" Name is used _____	Identify applicable industry: Money Services	
		Debt Consumer Finance	
Other Trade Names or "dba" used _____	State(s) where 'dba" Name is used _____	Identify applicable industry: Money Services	
		Debt Consumer Finance	

2. Personnel Contact Information

A. Resident/Registered Agent (If resident/registered agent is a company, put the words 'registered agent' in the Title field.)

_____	_____	_____	_____	_____
First Name	Last Name	Company	Title	
_____	_____	_____	_____	_____
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
_____	_____	_____	_____	_____
Business Phone	Ext.	Fax Number	Ext.	Email Address

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.

B. Primary Application Contact

_____	_____	_____	_____	_____
First Name	Last Name	Title		_____
_____	_____	_____	_____	_____
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
_____	_____	_____	_____	_____
Business Phone	Ext.	Fax Number	Ext.	Email Address

C. Primary Compliance Contact

_____	_____	_____	_____	_____
First Name	Last Name	Title		_____
_____	_____	_____	_____	_____
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
_____	_____	_____	_____	_____
Business Phone	Ext.	Fax Number	Ext.	Email Address

D. Secondary Application Contact

_____	_____	_____	_____	_____
First Name	Last Name	Title		_____
_____	_____	_____	_____	_____
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
_____	_____	_____	_____	_____
Business Phone	Ext.	Fax Number	Ext.	Email Address
Indicate area(s) in charge:	Accounting	Consumer Complaint (Public)	Consumer Compliance (Regulator)	
	Exam Billing	Exam Delivery	Legal	Licensing
			Litigation	Pre-Exam Contact

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.

E. Books & Records Contact

_____	_____	_____	_____	_____
First Name	Last Name	Title		_____
_____	_____	_____	_____	_____
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
_____	_____	_____	_____	_____
Business Phone	Ext.	Fax Number	Ext.	Email Address

Comments:

3. Executive Officers, Indirect Owners, & Foreign Agents

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.

A. Executive Officers

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner	% of Ownership	Control Person	Stock Symbol (Company only)	SSN or EIN	Individual or Company

B. Indirect Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner	% of Ownership	Control Person	Stock Symbol (Company only)	SSN or EIN	Individual or Company

C. Foreign Agents

Does the entity conduct money transmission or currency exchange using Foreign Agents and/or a Foreign Clearinghouse?

YES NO (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)	Postal Code

4. Additional Information

A. Affiliates/Subsidiaries

Affiliate/Subsidiary Name _____

Number & Street (No P.O. Boxes) _____ City _____ State _____ Country _____ Postal Code _____

Control Relationship _____ Affiliate (Under Common Control) _____ Subsidiary (Entity Controls) _____

Description _____

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

B. 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 submit the Applicant Delegate Workbook template attached to the Application Checklist. All Agents must obtain and maintain a valid Alaska business license. Expired Alaska business licenses will delay final review of your application.

NO

4. Additional Information (Continued)

C. Bank Account Information

Account Type: Operating Bank Name: _____

 P.O. Box or Number & Street City State Country Postal Code
 Account Number: _____ Notes: _____

D. 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: _____

 P.O. Box or Number & Street City State Country Postal Code
 Relationship Description: _____

E. Business Activities

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

Money Services	Consumer Finance	Debt
Electronic Money Transmission	Payday Lending – Storefront	First Party Debt Collection
Issuing Traveler’s Checks	Payday Lending – Online	Third Party Debt Collection
Selling Traveler’s Checks	Consumer Loan Brokering	Debt Negotiation
Issuing Money Orders	Consumer Loan Lending	Debt Settlement/Debt Adjuster
Selling Money Orders	Consumer Loan Servicing	Passive Debt Buying
Bill Paying	Sales Finance Company – Motor Vehicles	(Does Not Undertake Direct Collections On Accounts)
Issuing and/or Selling Drafts	Sales Finance Company – General	
Transporting Currency	Title Lending	
Issuing Prepaid Access/Stored Value	Refund Anticipation Lending	
Open Closed Internet	Premium Finance Company	
Check Cashing	Retail Installment Selling	
Foreign Currency Dealing or Exchanging	Escrowing Agents	
Door to Door Transactions	1031 Exchange Companies	
Internet Internet Only	Private Student Loan Lending	
Seasonal Business	Non-Private Student Loan Lending	
Dates of operation: _____	Rent-To-Own	Debt Management/Credit Counseling
Other: _____	Accounting/Billing Servicing	Credit Repair
	Industrial Loan Lending Companies	Judgment Recovery
	Pawn Brokering	Repossession Agency Activities
		Non-Mortgage Loan Modifications
		Bi-Weekly Payment Processing Services
		Other - Debt

F. Other Business

Will entity engage in any non-financial services-related business? Yes No
 If “yes” briefly describe.

5. 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.

<u>Financial Disclosure</u>		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?			
<u>Criminal Disclosure</u>		Yes	No
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?			
3. In the past 10 years, 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?			
4. Are there pending charges for a misdemeanor specified in 5(D)(3)?			
<u>Regulatory Action Disclosure</u>		Yes	No
E. 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?			
F. 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?			
G. Is there a pending regulatory action against the entity or a control affiliate for any alleged violation described in E. & F.?			
<u>Civil Judicial Disclosure</u>		Yes	No
H. 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?			
I. 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 H.?			
<u>Customer Arbitration/Civil Litigation Disclosure</u>		Yes	No
J. 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?			

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.

(Signature of Attestant)

(Printed name of Attestant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

NOTARY SEAL

(Signature of notary public)

County of: _____

Notary public state of: _____

My commission expires: _____

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.