

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

I. Mailing Address Same as above

 P.O. Box or Number & Street City State Country Postal Code

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. Other Trade Names
 List any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company below.
 _____ _____ Identify applicable industry: Money Services
 Other Trade Names or "dba" used State(s) where 'dba" Name is used Debt Consumer Finance
 _____ _____ Identify applicable industry: Money Services
 Other Trade Names or "dba" used State(s) where 'dba" Name is used 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. Additional Information

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

RENEWAL 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.