



STATE OF TENNESSEE
DEPARTMENT OF FINANCIAL INSTITUTIONS
 SUITE 1000
 414 UNION STREET
 NASHVILLE, TN 37219
 PHONE (615) 741-2236 FAX (615) 741-2883

**BUSINESS TAX ACT – STATE PRIVILEGE TAX REGISTRATION FEE RETURN
 DUE IN ADVANCE UNDER CHAPTER #387
 T.C.A. §67-4-708 (5) & §67-4-709 (B)(5), §67-4-714 (C)**

 Name and Title of Officer

 Name and Address of Company or Branch

Hereby certify upon oath that the said corporation, partnership, or individual, will operate as an industrial loan and thrift company, under Chapter 20, Tennessee Code Annotated, as amended, State of Tennessee, at the address, set forth above.

There is hereby submitted a Tax Return and Minimum Tax Payment of \$300.00, due in advance, for the period ending December 31 next.

Witness my signature on this _____ day
 of _____, _____.

 Signature of Officer, Partner or Proprietor

Subscribed and sworn to before me on this _____ day of _____, _____.

 Notary Public

My Commission Expires: _____

MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS



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**ANNUAL INSPECTION FEE AND REGISTRATION FEE
 FOR INDUSTRIAL LOAN AND THRIFT COMPANIES**

To the Commissioner of Financial Institutions: _____
 Name, address and daytime telephone number of contact person

I, _____
 Name and Title of Officer

 Name & Address of Home Office

hereby certify upon oath that the said corporation, partnership, or individual, in payment of the Annual Inspection Fee and Registration Fee will lawfully and fairly operate as an industrial loan and thrift company in Tennessee at the following locations:

_____ Name of Company or Branch	_____ Address	_____ Zip Code
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Federal Tax Identification # _____

Identify all parties owning over 5% interest in the applicant. (If a partnership, list each partner and their interest.)

Has any stockholder, officer or employee ever been convicted of a felony?
 Yes _____ No _____ If yes, explain fully on a separate sheet.

No. Employees _____ No. Accounts _____ Accounts Rec. \$ _____

I certify that the tangible net worth of each office or place of business does now and will continue to exceed the \$25,000.00 minimum requirement of T.C.A. Section 45-5-201.

ATTACH CURRENT ANNUAL FINANCIAL STATEMENT (BALANCE SHEET AND STATEMENT OF INCOME AND EXPENSES AT A MINIMUM)

The sum of \$325.00 for the above named company in payment in fees required by T.C.A. Section 45-5-203 as amended, for the fiscal year July 1, _____ through June 30, _____ is hereby tendered.

Subscribed and sworn to before me on
 This _____ day of _____, _____.

Witness my signature on this _____ day
 _____, _____.

 Signature of Officer, Partner, or Proprietor

My Commission expires: _____

 Notary Public

MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS

NAME AND ADDRESS OF APPLICANT:

NAME OF BUSINESS

STREET ADDRESS CITY COUNTY STATE ZIP CODE

FEDERAL TAXPAYER ID NUMBER STATE WHERE ORGANIZED

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

HOME (MAIN) OFFICE: (LAST NAME, ADDRESS, TELEPHONE NUMBER)

ATTACH LIST OF OTHER OFFICE LOCATIONS AND IDENTIFY BY NAME AND ADDRESS ANY AFFILIATES DOING BUSINESS IN THE STATE OF TENNESSEE. IF NONE, SO STATE.

STATUS OF APPLICANT (Check appropriate box)

- An individual doing business under own name
SSN _____
Home Address _____
- An individual doing business under assumed or trade name
SSN _____
Home Address _____
- General Partnership
- Limited Partnership
- Limited Liability Company
- A corporation organized in TN
- A corporation organized in some other jurisdiction
- Other

Is applicant affiliated with any bank or bank holding company? If yes, identify by name and address:

Is applicant affiliated with any other lending institution or company? If yes, identify by names and addresses:

TYPE OF LENDING PERFORMED (check all that apply):

- Unsecured
- Secured Collateral:
 - Personal Property*
 - Real Property*
- Endorsement Company (Broker)
- Installment Sales Contracts

KNOW ALL PERSONS BY THESE PRESENTS, that _____
_____ of _____, State _____
as PRINCIPAL and _____ of _____
as SURETY and held and firmly bound unto the People of the State of Tennessee, for the use of said
State and of any person or persons who may have a cause of action against the above principal under
the provisions Industrial Loan and Thrift Act (TCA. § 45-5-101 *et seq.*), in the sum of \$_____,
lawful money of the United States, to be paid to the said People of the State of Tennessee or it's assigns,
for payment to be well and truly made, we bind ourselves jointly and severally, firmly by these presents.

Sealed with our seals, and dated this _____ day of _____, 20 _____

WHEREAS, the above bounden principal has received, or is about to receive, a license from the
Commissioner, Financial Institutions of said state of Tennessee authorizing _____
to engage in the business of an industrial loan and thrift under the provisions of Tennessee Industrial
Loan and Thrift Act (TCA. § 45-5-101 *et seq.*)

The condition of this obligation is such, that if the said principal will conform to and comply with each and
every provision of Tennessee Industrial Loan and Thrift Act (TCA. § 45-5-101 *et seq.*), and all rules and
regulations lawfully promulgated thereunder by the Commissioner, Financial Institutions of the State of
Tennessee, and will pay to said State and to such person or persons, any and all monies that may
become due or owing to said State and to such person or persons from the obligor, principal, and by
virtue of the provisions of said Industrial Loan and Thrift Act (TCA. § 45-5-101 *et seq.*), then this
obligation shall be void, otherwise it is to remain in full force and effect. Regardless of number of years
this bond remains in effect, in no event shall the surety's liability exceed the penal sub of the bond as
stated herein.

This bond shall be effective _____, 20 _____ and shall be in force for
the term ending _____ 20 _____. This bond may be continued in force for an
additional term or terms by suitable continuation certificates executed by the surety with the approval of
the Commissioner, pursuant to such regulations, as may hereafter be provided.

IN PRESENCE OF:

_____	_____ (L.S.)
_____	_____ (L.S.)
	PRINCIPAL
	_____ (L.S.)
	_____ (L.S.)
	SURETY