

TENNESSEE INDUSTRIAL LOAN & THRIFT REGISTRATION APPLICATION

General Information and Instructions

This form is provided to applicants proposing to engage in the business of an industrial loan and thrift company under the Tennessee Industrial Loan & Thrift Companies Act (Tenn. Code Ann. §§ 45-5-101, *et seq.*). "Industrial loan & thrift company" is defined as "a person engaged in the business of making loans and imposing the interest and loan charges authorized by the Act, and includes persons engaged in business as endorsement companies." A separate certificate of registration is required for each office or other place from which the business is conducted. **If you are applying for additional industrial loan and thrift locations, please complete the [Uniform Branch Application](#).** A certificate of registration expires on December 31 of each year.

Attached	Requirements
<input type="checkbox"/>	APPLICATION: A completed application for an Industrial Loan & Thrift Registration with required documents. Incomplete applications, without the required supporting documents, will not be processed.
<input type="checkbox"/>	FEE: A non-refundable fee of \$625.00 for each location payable to: Tennessee Department of Financial Institutions;
<input type="checkbox"/>	FINANCIAL STATEMENT: A current financial statement that reflects a tangible net worth of at least twenty-five thousand dollars (\$25,000) for each office or place of business to be registered under §45-5-201(a)(2) and T.C.A. §45-5-201(a)(4);
<input type="checkbox"/>	CERTIFICATE OF AUTHORIZATION: Certificate of Authorization to do business in Tennessee (Limited Liability Companies, Limited Partnerships, and Corporations only). For more information, please visit: Tennessee Secretary of State . <i>Foreign applicants must submit a Certificate of Good Standing from the state of incorporation;</i>
<input type="checkbox"/>	RESUME: A resume for each person listed in response to question 5;
<input type="checkbox"/>	SURETY BOND/LETTER OF CREDIT: Provide a one (1) year surety bond or irrevocable letter of credit for a term of not less than three (3) years in the amount of \$50,000 . If the applicant makes or proposes to make residential mortgage loans the amount of the bond shall be two hundred thousand dollars (\$200,000). All other applicants shall provide a surety bond or letter of credit in the amount of fifty thousand dollars (\$50,000). T.C.A. §45-5-203(c) and (d);
<input type="checkbox"/>	CRIMINAL BACKGROUND CHECK: Consent to a criminal history records check and fingerprint submission for any individual who is an officer, partner, managing member or ultimate equitable owner of ten percent (10%) or more of the applicant, as well as from any other individual associated with the applicant as is reasonably necessary to meet the purposes of this chapter. For instructions, please visit: TILT Fingerprint Instructions .

TENNESSEE INDUSTRIAL LOAN & THRIFT REGISTRATION APPLICATION

All information must be typed or printed legibly in ink. Please respond to each item. If a particular item does not apply, enter "not applicable" or "NA". This application, along with supporting documents, must be mailed to the department.

I. APPLICANT INFORMATION

1. Applicant's organization type: (check one)

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Company	<input type="radio"/> Corporation
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1a. Name of Company (See Below):

- If *Sole Proprietorship*, please enter individual's name;
- If *Partnership*, use names in partnership;
- If LLC, LP or corporation, use name registered with the [TN Secretary of State](#)

1b. DBA (if applicable):

2. Physical address of office to be registered:

City: State: Zip Code:

2a. Headquarter's address (if different from office address):

City: State: Zip Code:

2b. Business Telephone: Fax:

E-mail address required:

2c. Type of Lending:

<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Endorsement Company
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I. APPLICANT INFORMATION - CONTINUED

[Redacted]

2c. Federal Tax ID Number

Last 4 digits of SSN for Applicants Applying as Individuals (Numbers only)

3. Contact person regarding this application (Name, Title)

[Redacted]

Business Telephone:

[Redacted]

Fax:

[Redacted]

E-mail address (required):

[Redacted]

4. Name of Person who will be managing check casher business:

[Redacted]

4a. List the name and e-mail address of person who will be the (if applicable):

Chief Executive Officer:

[Redacted]

E-mail:

[Redacted]

Licensing Contact:

[Redacted]

E-mail:

[Redacted]

Examination Contact:

[Redacted]

E-mail:

[Redacted]

Billing/Assessment Contact:

[Redacted]

E-mail:

[Redacted]

II. BUSINESS STRUCTURE

5. List name, title, residence address, and business phone number of all officers, directors, shareholders (owners of 5% or more of the company). Attach resumes of all individuals. Use separate [business structure form](#) if more space is needed and attach to application.

a. Name of officer, director, shareholder:

[Redacted]

Title:

[Redacted]

Business Phone:

[Redacted]

Residence Address:

[Redacted]

City, State, Zip Code:

[Redacted]

Last 4 digits of SSN: xxx-xx-

[Redacted]

Date of Birth:

[Redacted]

Sole Proprietors/Partnerships Only: Are you and/or all partners U.S. citizen(s)?

Yes

No

**If no, please fill out the [Eligibility Verification Letter](#) and provide the applicable documentation*

b. Name of officer, director, shareholder:

[Redacted]

Title:

[Redacted]

Business Phone:

[Redacted]

Residence Address:

[Redacted]

City, State, Zip Code:

[Redacted]

Last 4 digits of SSN: xxx-xx-

[Redacted]

Date of Birth:

[Redacted]

II. BUSINESS STRUCTURE - CONTINUED

c. Name of officer, director, shareholder: _____

Title: _____ Business Phone: _____

Residence Address: _____

City, State, Zip Code: _____

Last 4 digits of SSN: xxx-xx-_____ Date of Birth: _____

d. Name of officer, director, shareholder: _____

Title: _____ Business Phone: _____

Residence Address: _____

City, State, Zip Code: _____

Last 4 digits of SSN: xxx-xx-_____ Date of Birth: _____

Sole Proprietorship Partnership Limited Liability Company Corporation

Name: _____

SOLE PROPRIETORS/PARTNERSHIPS: **If you are not an U.S. citizen, please fill out the [Eligibility Verification Letter](#) and provide the applicable documentation.*

• **PARTNERSHIPS:** A copy of the partnership agreement along with any amendments

• **CORPORATIONS:** A copy of the corporate charter or certificate of incorporation

• **LIMITED LIABILITY COMPANIES & PARTNERSHIPS:** A copy of the articles of organization and operating agreement along with any amendments

CORPORATIONS/LIMITED LIABILITY COMPANIES & PARTNERSHIPS ONLY

6a. State of Incorporation/Organization: _____

6b. Date of Incorporation/Organization: _____

6c. [Tennessee Secretary of State Corporate ID Number:](#) _____

6d. List all states that the company operates in:

III. DISCLOSURE QUESTIONS

7. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholder(s) or beneficiaries (of a trust):

a. Been licensed (previously or currently) to conduct business as a Lender or similar type business in Tennessee or any other state(s)? *If yes, please describe in the space below.*

Yes No

b. Been indicted, convicted, pled guilty or pled nolo contendere to a felony? *If yes, please describe in the space below and attach judgment(s) and plea agreement(s)*

Yes No

c. Been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? *If yes, please describe below and attach copies of the final order(s), consent decree(s), agreed order(s), assurance(s) of voluntary compliance and/or any other supporting documentation.*

Yes No

III. DISCLOSURE QUESTIONS - CONTINUED

d. Had any contingent liabilities as endorser, or guarantor, or otherwise? Include all pending litigation, and note any potential settlement amounts that could significantly affect the applicant's financial condition. *If yes, please describe below and attach copies of all order(s), judgments, pleadings and other supporting documentation.*

Yes No

e. Ever filed Chapter 7, 11 or 13 Bankruptcy? *If yes, please explain below and attach copies of all order(s), judgments, pleadings and other supporting documentation.*

Yes No

REMINDER

Please review, save, and print application before you send to the department. An e-mail will be sent to the person responsible for this application once all required documents are received by the department.

ATTESTATION PAGE

8. Notarization (Notary must be independent and not affiliate with applicant)

STATE OF

COUNTY OF

I,

,of

name and title

entity name

organized in the State of do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the application. I further declare that I have read and understand all the requirements of the Act (TCA § 45-5) under which I am applying.

Subscribed and sworn to before me on

this ____ day of ____.

Notary _____

My Commission Expires _____

NOTARY SEAL

Signature and Title

Please send all requirements, together, listed on the General Information and Instructions Page to the address below:

Tennessee Department of Financial Institutions
Compliance Division
Tennessee Tower, 26th Floor
312 Rosa L. Parks Avenue
Nashville, TN 37243
Telephone: (615)741-2236 Fax: (615)253-7794