



APPLICATION FOR LICENSURE AS A CONSUMER DISCOUNT COMPANY BRANCH

PART 1

THIS APPLICATION IS FOR NON MORTGAGE CONSUMER DISCOUNT COMPANIES

How and where to file this application

Please complete Part 2 of this application, pages 5 through 20. Make a copy for your records. Mail the original and any required attachments, along with a check or money order in the proper amount, to the following address:

**Pennsylvania Department of Banking and Securities
Non-Depository Licensing Office
17 N 2nd St, Ste 1300
Harrisburg, PA 17101-2290**

Your application will be reviewed and you will be notified by the Department of Banking and Securities concerning its findings.

If you have any questions, please call the Non-Depository Licensing Office weekdays from 8:30 a.m. to 5:00 p.m. at (717) 787-3717, TT/Voice 1-800-679-5070 or visit our web site at www.dobs.pa.gov

We look forward to processing your application.

Consumer Discount Company Branch Application Part 2

For Official Use Only
License #

1. Please indicate name of business.

Name of corporation: _____

D/B/A [if applicable]: _____

Attach a copy of the fictitious name registration.

2. Does applicant currently hold one or more consumer discount company licenses?

_____ YES _____ NO

If Yes, under what names including date of Original License under CD Company Act

3. List complete address where consumer discount company business will be conducted.

OFFICIAL LOCATIONS (\$500 LICENSING FEE MUST ACCOMPANY APPLICATION):

_____			(_____)
Street Address and Suite or Room Number			Office Telephone
_____			(_____)
City	State	Zip	Fax Number
_____		_____	
County		Office Manager	

Mailing address of above location if different from above (If not different, indicate N/A)

* Please attach a copy of the purchase or lease agreement and floor plan verifying location.

Please indicate normal hours of operation:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

Holidays observed: _____

If applicable, complete the following (If not applicable please indicate N/A):

_____ Name of Parent Company

_____			(_____)
Executive Office Street Address and Suite or Room Number			Office Telephone

_____			(_____)
City	State	Zip	Fax Number

Company Email Address: _____

Company Web Address: _____

** (Web address must be registered with the Department of State if it is significantly different from the company name or not prominently displayed on the opening page.)

List all types of business offered on your website: _____

Attach additional sheets if necessary

Explain how consumer discount company business will be conducted via the internet: _____

Attach additional sheets if necessary

4. Additional Locations – List complete address of each additional location where consumer discount company business will be conducted. A LICENSE FEE OF \$500 IS REQUIRED FOR EACH ADDITIONAL LOCATION. Attach additional sheets if necessary.

Street Address and Suite or Room Number ()
Office Telephone

City State Zip ()
Fax Number

County Office Manager

Mailing address of above location if different from above (If not different, indicate N/A)

* Please attach a copy of the purchase or lease agreement and floor plan verifying location.

Please indicate normal hours of operation:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

Holidays observed: _____

Street Address and Suite or Room Number ()
Office Telephone

City State Zip ()
Fax Number

County Office Manager

Mailing address of above location if different from above (If not different, indicate N/A)

* Please attach a copy of the purchase or lease agreement and floor plan verifying location.

Please indicate normal hours of operation:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

Holidays observed: _____

5. Identify all designated office managers of entity.

List full name, corporate title, date of birth, social security number, residence address, residence telephone number, cell phone number and email address of each officer, director, and office manager of the proposed licensed corporation. **Attach additional sheets if necessary.**

Full Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email address: _____

Full Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email address: _____

Full Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email address: _____

Attach additional sheets if necessary

6. Are you or any individual identified in this application licensed by an agency of the Commonwealth?

_____ YES _____ NO

If presently licensed by the Department of Banking and Securities, excluding Consumer Discount Company licenses already indicated in Question 2, the Real Estate Commission or any other Commonwealth agency (for example real estate broker, real estate sales person etc.), please complete the following:

Type of License(s): _____

License Number(s): _____

Person Licensed: _____

Attach additional sheets if necessary.

7. Indicate other business(es).

Under Section 13(Q) of the Consumer Discount Company Act, a Consumer Discount Company licensee may conduct business in any licensed place of business or where another business is conducted by the licensee or another person unless the Secretary of Banking and Securities determines, after a hearing, that the conduct of such other business has concealed evasions of the Consumer Discount Company Act. If such a judgment is rendered, the Secretary shall order said person to desist from such conduct. Are there any additional business that will be operating from the location of the proposed Consumer Discount Company Licensee?

_____ YES _____ NO

If Yes, please indicate the name of the business(es), a brief description of the service(s) or product(s) offered, **and whether there is or will be any relationship, other than the same location, between the consumer discount company business and other business(s).**

Name of business	Description	Describe relationship between businesses

Attach additional sheets if necessary.

8. Is the applicant contemplating the purchase, acquisition, or collection of accounts representing loans granted by another lender?

_____ YES _____ No

If yes, please complete the following:

Name of business	Business Address	# of Accounts	Total Value

Attach additional sheets if necessary

9. Please provide the following information about previous business experience within the financial services industry of the individuals identified in this application.

Name of Officer, Director, Manager, etc.	Name of Business	Type	Address

10. Excluding entries made in the occupational history in Question 8, has any director, officer, owner, manager, employee etc., ever been connected directly or indirectly with any loan business, discount business or finance business in Pennsylvania or elsewhere in the capacity of individual owner, partner, member, officer, , director, employee, agent, broker, investor, shareholder, or otherwise?

_____ YES _____ NO

If yes, please explain in detail the circumstances:

Attach additional sheets if necessary

11. Has any officer of the corporation, partner, owner ever been or has any organization with which they were associated as an officer, partner, owner, employee or otherwise, ever been involved in any voluntary or involuntary bankruptcy, receivership or insolvency?

_____ YES _____ NO

If yes, please explain in detail the circumstances:

Attach additional sheets if necessary

12. Identify any related (parent, subsidiary, or affiliate) company(ies) or business(es) which accept(s) fees from the consumer for the processing, placement, or closing of consumer loans. Explain how related and provide the address(es). If none, please place a check mark in the designated location.

_____ NONE

Attach additional sheets if necessary

13. Minimum Capital Requirement

As provided for in Section 7 of the Consumer Discount Company Act, the applicant corporation for the initial consumer discount company license must be incorporated with a **minimum capitalization (issued and outstanding stock and additional paid-in capital) of \$75,000 (seventy-five thousand dollars)**. For additional offices, the \$75,000 initial minimum capitalization requirement is increased by **\$25,000 (twenty-five thousand dollars) per additional office**. The minimum capital must be maintained as permanent capital that shall not be distributed to stockholders or be repurchased by a licensee without the prior written approval of the Secretary of Banking and Securities.

Please attach the initial or current financial statement in accordance with the following:

- (1) Statements should be prepared and signed by a certified public accountant, and prepared in compliance with generally accepted accounting principles.
- (2) The financial statements must include, as a minimum, a balance sheet, statement of income and expense, retained earnings, change of financial position, any related notes to such statements, as well as other financial information which the Department of Banking may require.
- (3) If the applicant's fiscal year ends 120 days or more prior to the date of initial application, then the applicant must forward the aforementioned financial statements covering the most recent fiscal year; and, the interim financial statements covering the most recent accounting period current to within 60 days of the date of application. Interim financial statements shall be constructed in compliance with the same accounting principles used to prepare the company's annual financial statements and shall be attested as being true and correct by the applicant's president and/or chief accounting officer.
- (4) If the applicant is affiliated with another business entity then the applicant shall provide the aforementioned statements reflecting the applicant's financial condition and operation on an unconsolidated basis; and, in addition thereto, the applicant must furnish the same statements on a consolidated and/or combined basis to reflect the economic reality of all affiliations. If you have any questions, please contact the Department's Division of Licensing at 717-787-3717.

14. Surety Bond Coverage

In accordance with Section 5 of the Consumer Discount Company Act, the Department of Banking and Securities will not issue a license for a consumer discount company unless the applicant has first obtained a \$5,000 surety bond, furnished by a surety company legally authorized to transact business in Pennsylvania.

Bonds must be written to conform to the license period, and as such must expire on June 1 following the date of issuance. The bonds must be renewed and re-filed annually on or before June 1 for the first three consecutive years from the date on which the licensee was first licensed. The Department provides the required bond form as a part of this application.

For additional information on the bond, please refer to Section 5 of the Consumer Discount Company Act.

15. Has any director, officer, office manager or owner etc. identified on this application ever been arrested for, charged with, convicted of, pled guilty to, or pled nolo contendere (no contest) or given a diversionary sentence in lieu of conviction to any criminal offense in this Commonwealth or anywhere else (including court martial or disciplinary proceedings under the Uniform Code of Military Justice)?

_____ YES _____ NO

If yes, please provide a detailed explanation of the circumstances:

Attach additional sheets if necessary

16. Has any officer of the corporation, partner, owner ever been directly or indirectly, connected with any organization in Pennsylvania or elsewhere which had any application for license refused by any federal, state or municipal authority, or which withdrew such application to avoid refusal, or withdrew such application by request (exclusive of withdrawal or refusal because of a restricted competition policy), or which had its license or registration suspended, canceled or revoked by such an authority?

_____ YES _____ NO

If yes, please provide a detailed explanation of the circumstances:

Attach additional sheets if necessary

17. Has any director, officer, manager, etc. identified in this application ever been prohibited by any state or federal authority from becoming an employee of or continuing employment in any organization subject to such state or federal supervision?

_____ YES _____ NO

If yes, please provide a detailed explanation of the circumstances:

Attach additional sheets if necessary

Authorization/Affirmation

I understand by submitting this **Consumer Discount Company Application**

I am agreeing to be bound by the following declaration: "**I declare that all of my answers on this *Consumer Discount Company Application* are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.**"

(Please Print):

Owner/Officer/Partner Name & Title

Signatures Required:

Owner/Officer/Partner Signature

18. Please review before mailing this application

- Checked answers for accuracy?
- Signed the application?
- A check made payable to the **Pennsylvania Department of Banking and Securities** for the total amount of licensing fees required (\$500 for each fixed location and/or branch location)
- Attached a copy of the following: (a) purchase or lease agreement to verify principal location; (b) copy of the Articles of Incorporation, or if applicable, Fictitious Name Registration and/or Foreign Registration Statement; (c) the initial or current financial statement; and, (d) a copy of the executed surety bond coverage
- Retained a copy of the entire application for your records?

19. Please mail completed application and all required documentation to:

**PENNSYLVANIA DEPARTMENT OF BANKING AND SECURITIES
NON-DEPOSITORY LICENSING OFFICE
17 N 2ND ST, STE 1300
HARRISBURG, PA 17101-2290**

The Pennsylvania Department of Banking and Securities (“the Department”) regulates the financial service industry in Pennsylvania and requires license applicant(s) to complete a Pennsylvania State Police criminal background history check and an FBI Fingerprint Check when applying for licensure.

Please review the following requirements and conditions for the Pennsylvania Check:

1. Each applicant or control person listed on the license application must complete an online criminal background history check using the Pennsylvania Access to Criminal History (PATCH) located at <https://epatch.state.pa.us>
2. **ALL CRIMINAL HISTORY REQUESTS MUST BE DATED WITHIN 30 DAYS OF SUBMISSION OF THE APPLICATION**
3. Cost of the online criminal background history check is \$8.00 for each request and is payable through PATCH by credit card.
4. Please select **Company Request** under Requestor Details
5. When completing the application, the “Personal Information” section of the PATCH application must contain identifying information for the Department to ensure the results of the criminal background history check are forwarded directly to this Department. **Results of the criminal background history check will not be accepted directly from the applicant and will only be accepted from PATCH**. Below is the information that **must** be entered in the “**Company Details**” section of the PATCH application:

Reason for Request: Employment
Company Name: PADOBS
Company Address Line 1: Market Square Plaza
Company Address Line 2: 17 N 2nd St Ste 1300
City: Harrisburg
State: PA
Zip: 17101
Phone Number: (717) 787-3717

Below is the information that **must** be entered in the “**Company Contact Details**” section of the PATCH application:

First Name: NonDepository
Last Name: Licensing
Email Address: ra-asklicensing@pa.gov

After completing the “Personal Information” section of the PATCH application, navigate to the “Record Check Request Form” section of the application and enter the information of the applicant or control person. Although not required by PATCH, **it is a requirement of the Department to provide your Social Security number in the “Record Check Request Form” section of the application.**

6. After making payment for the criminal background history check, you will be provided with a “Request Results” page which **must be** provided to the Department in order to verify the background history check was completed and to track the results of any “No Record” responses. **Print** the “Request Results” page and send it with the other state specific information. The “Request Results” page will contain your First and Last name as you typed them into the system, the date that you submitted the request and a control number.

In addition to the Pennsylvania State Police criminal background history check, all applicants are also subject to a search of the national criminal history database via an **FBI Fingerprint Check**.

Please review the following requirements and conditions for the FBI Fingerprint Check:

[ALL CRIMINAL HISTORY REQUESTS MUST BE DATED WITHIN 30 DAYS OF SUBMISSION OF THE APPLICATION](#)

Available to Pennsylvania residents and those working in close proximity to the Commonwealth of Pennsylvania:

- Use the Cogent live scan fingerprint system located at the following website:
<https://www.pa.cogentid.com>
- Be sure to click on the link for the PA Department of Banking and Securities
- Follow the instructions on the website to schedule an appointment to obtain your live scan fingerprints at the nearest print site location.
- Results of the background checks are not mailed to applicants. If there is a problem with the results of your background check you will be notified.

For all other applicants residing or working in states other than the Commonwealth of Pennsylvania:

- Visit the Cogent website at <https://www.pa.cogentid.com>.
- Be sure to click on the link for the PA Department of Banking and Securities
- Follow instructions on the website on how to submit a fingerprint card to 3M Cogent.
- Results of the background checks are not mailed to applicants. If there is a problem with the results of your background check you will be notified.

Third Party Investigatory Background Checks: Each control person (including the qualifying individual) who does not or has not resided in the US for at least 5 years must provide an investigative background report. The report must be prepared by an acceptable search firm and submitted directly to the Department in addition to other background information required in the application. At a minimum, the report must contain the following:

- A comprehensive credit report/history
- Civil court and bankruptcy court records for the past 5 years, including a search of the court data in the country(ies), states, towns where the individual resided and worked and in contiguous areas
- Criminal records for the past 5 years, including felonies, misdemeanors and violations including a search of court data in the countries, states, towns where the individual resided and worked and in contiguous areas.

Results of the background checks are not mailed to applicants. If there is a problem with the results of your background check you will be notified.



pennsylvania
DEPARTMENT OF BANKING
AND SECURITIES

MARKET SQUARE PLAZA | 17 N SECOND STREET, Suite 1300 | HARRISBURG, PA 17101
Ph 717.787.3717 Fx 717.787.8773 W www.dobs.pa.gov

Bond No. _____

CONSUMER DISCOUNT COMPANY BOND

WHEREAS, Department means the Department of Banking and Securities of the Commonwealth of Pennsylvania located at 17 N. 2nd Street, Suite 1300, Harrisburg, Pennsylvania 17101, and

WHEREAS, Principal means _____,
(Name of Consumer Discount Company)

with its principal place of business at _____
(Principal's Address)

and phone number of _____.
(Principal's Phone Number)

WHEREAS, Surety means _____,
(Name of Surety Company)

incorporated under the laws of the State of _____,
(State of Surety Company's Incorporation)

with its principal place of business at _____
(Surety's Address)

and phone number of _____.
(Surety's Phone Number)

WHEREAS, Surety is licensed to do business in the Commonwealth of Pennsylvania, and is approved by the Secretary of Banking and Securities of the Commonwealth of Pennsylvania ("Secretary") as an acceptable Surety, and

WHEREAS, reference is made herein to the Consumer Discount Company Act (7 P.S. §§ 6201-6219), and

WHEREAS, any reference in this bond to any statute or regulation, including, but not limited to, the Consumer Discount Company Act (“Act”) and the General Rules of Administrative Practice and Procedure (“GRAPP”), include the statute or regulation in force at the time this bond is executed as well as any subsequent amendments, alterations or replacements of such statute or regulation, and

WHEREAS, Principal has applied to the Department for a license under the provisions of the Act, and

WHEREAS, the granting of the license by the Department to Principal is conditioned upon Principal obtaining a bond in the amount of five thousand dollars (\$5,000), and

NOW THEREFORE, KNOW ALL MEN BY THESE PRESENTS that Principal and Surety, are held and firmly bound unto the Commonwealth of Pennsylvania in the just and full sum of five thousand dollars (\$5,000) to the payment whereof, well and truly to be made, we bind ourselves, and our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents:

1. **Condition of the Obligation.** If Principal shall faithfully:
 - a. comply with and abide by the provisions of the Act; and
 - b. comply with and abide by all the rules and regulations of the Department issued in accordance with the Act; and
 - c. pay any moneys due to the Commonwealth, the Department, or any person or persons who is injured by acts or omissions of Principal under the provisions of this Act,

then this obligation shall be null and void, otherwise to be and remain in full force and effect.

2. **Effective Date.** The effective date of this bond is set forth below.
3. **Duration of Bond.** This bond shall continue in full force and effect indefinitely, subject, however, to cancellation.
4. **Cancellation.** Surety may elect to cancel this bond at any time by filing with the Secretary a thirty (30) day written notice of such cancellation. The bond cancellation shall be effective on the thirtieth (30th) day after the filing of the written notice of cancellation. Surety shall remain liable for all transactions associated with the loaning of money at interest by Principal during the term of this bond until the effective date of the cancellation.

5. **Surety's Liability.** Regardless of the number of years this bond remains in force, the aggregate liability of Surety for any and all claims or judgments to one or more claimants in no event shall exceed the full penal sum.

6. **Default.** Upon the happening of any default of the conditions and obligations assumed under this bond and the declaration of a default by the Secretary, or his designee, the Secretary, or his designee, shall notify the Principal and Surety of such default. Said Surety shall pay the amount claimed within 30 days of the date of notice. If the Surety does not pay the amount claimed within 30 days after the notice of default, Principal and Surety hereby authorize and empower any attorney of record in Pennsylvania or elsewhere to appear for them, or either of them, and after one or more declarations filed to confess judgment against them in favor of the Commonwealth, to its use or the use of its certain attorney or assigns, for an amount up to the penal sum of the bond, together with costs of suit and five percentum, added as attorney fee, and they do further release all errors, and waive the right of exemption, and stay of execution and authorize the levy of their monies.

7. **Events Not Affecting Bond Liability.** This bond shall not be discharged by:

- a. the recovery of any specific amount of charges for examination, damages, costs, judgments, fines or penalties obtained in any specific action. The bond shall be in full force and effect until the full amount of the bond of five thousand dollars (\$5,000) shall have been paid by reason of any number of charges for examination, damages, costs, judgments, fines or penalties to which Principal may have become subjected; or
- b. sums due, where the right to which sums did not arise during the license year for which the license found on the application which this bond accompanied was granted.

8. **Remedies.** Nothing herein shall limit the Department from seeking any remedy, in addition to the forfeiture of this bond, which may be authorized or provided under any law.

9. **Disclosure.** Principal and Surety agree that the Department may publish, divulge or otherwise disclose to any person or government entity this bond, the contents of this bond, and any information or material related to this bond. The information which may be disclosed includes, but is not limited to, pleadings, other submissions and orders related to any administrative proceedings, when such publication divulgement or disclosure is related to an administrative, judicial or other legal proceeding concerning this bond.

10. **Headings.** The headings used herein are for descriptive purposes only and have no legal force or effect.

IN WITNESS WHEREOF, Principal and Surety have set their hand, intending to be legally bound as of the _____ day of _____, 20____ (“Effective Date”).

PRINCIPAL:

(Print Principal Name)

Signed this _____ day of _____, 20____.

By: _____
(Signature)

(Title: i.e. Attorney in Fact)

ATTEST OR WITNESS:

(Where Required)

SURETY:

(Print Surety Name)

Signed this _____ day of _____, 20____.

By: _____
(Signature)

(Title: i.e. Attorney in Fact)

ATTEST OR WITNESS:

(Where Required)

Approved as to legality and form:
PRE-APPROVED OAG 10/27/14
/Robert A. Mulle/
Office of Attorney General
PRE-APPROVED OGC 9/5/14
/Shawn E. Smith/
Office of General Counsel
Form No. 3-FA-1.1