STATE OF CONNECTICUT

DEPARTMENT OF BANKING

CONSUMER CREDIT DIVISION

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800

CHECKLIST FOR DEBT ADJUSTER LICENSE - BRANCH OFFICE

General Instructions

1. There must be a separate application and license fee for each place of business required to be licensed pursuant to Chapter 669, Part II of the Connecticut General Statutes.

2. In the event space provided for answers is inadequate, additional sheets should be attached and should identify the applicant and the specific item on the application.

3. Any change to information submitted in or with the application must be reported in writing immediately. Reporting should not be delayed until the time a license is renewed.

4. License fee for Branch Office:

Bona fide nonprofit organization:	**$250**	Application filed between 10/1/2013 and 9/30/2015
For profit organization:	**$1,600**	Application filed between 10/1/2013 and 9/30/2014
	$800	Application filed between 10/1/2014 and 9/30/2015

The check must be made payable to "Treasurer, State of Connecticut." All fees are NOT REFUNDABLE.

5. Licenses expire at the close of business on September 30th of each odd year, unless renewed.

6. The application and related material must be mailed to:

Connecticut Department of Banking
Consumer Credit Division
260 Constitution Plaza
Hartford, CT 06103-1800

continued on the next page

Application Instructions

1. **IDENTIFYING INFORMATION. Applicant Name** should be the full legal name as organized in the Applicant's domestic state and found in incorporating documents. Applicant is the entity applying for a license. The only instance in which the Applicant is an individual is in the case of a sole proprietorship. If the Applicant is a sole proprietor, use the Applicant's Last, First and Middle names and suffix ("Jr", "III", etc.) if any. **Branch Office Address** should be the physical address location, not a post office box or other mailing address.

2. **OTHER BUSINESS NAMES.** List any other name(s) by which the Applicant conducts or will conduct business in the state of Connecticut (i.e., trade name, fictitious name, or "doing business as" name). The name(s) should be listed exactly as used in advertising, documents, etc.

3. **BOOKS AND RECORDS INFORMATION.** List the physical address where books and records are stored. Provide the name and title of the individual at this location that should be contacted with inquiries about or to gain access to the storage location.

4. **PERSON IN CHARGE OF THE OFFICE.** Identify person with the supervisory authority over the day-to-day activities of the Branch Office.

Branch Office Attachments

ATTACHED	NOT APPLICABLE	ITEM
☐	☐	**FEE.** Required fee as described in General Instructions. The check must be made payable to "Treasurer, State of Connecticut."
☐	☐	**PERSONAL AND BUSINESS HISTORY STATEMENT.** Form is required for Person in Charge of the Office.
☐	☐	**BOND.** Submit rider to the surety bond presently on file adding the address of the branch office being licensed. Rider must also include a list of all locations presently covered by the bond. Be sure addresses on the rider are identical to addresses on CT licenses. Please include complete addresses - not post office boxes or other mailing addresses.
☐	☐	**LIST OF EMPLOYEES.** Must be completed for all individuals employed at the Branch Office. Exclude persons not doing business in Connecticut and those who solely perform clerical duties.

WHO TO CONTACT - Questions concerning this application may be directed to Maria Burgos at 860-240-8211 or via e-mail at maria.burgos@ct.gov

YOU ARE NOT AUTHORIZED TO ENGAGE IN DEBT ADJUSTER ACTIVITIES IN THE STATE OF CONNECTICUT UNTIL YOU HAVE OBTAINED LICENSURE IN CONNECTICUT

Revised 6/2104