STATE OF CONNECTICUT

DEPARTMENT OF BANKING

CONSUMER CREDIT DIVISION

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800

CHECKLIST FOR DEBT NEGOTIATION LICENSE - MAIN OFFICE

General Instructions

1. There must be a separate application and license fee for each place of business required to be licensed pursuant to Sections 20 to 33, inclusive, of Public Act 09-208 and Section 41 of Public Act 09-209.

2. A Branch Office Application must be submitted for each additional place of business.

3. 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 to which the answer relates.

4. 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.

5. License fee for Main Office:

   $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.

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

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

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

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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. **Main 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. **WEB ADDRESSES.** Provide the full web address(es) of the Applicant and any separate websites for any other names identified in **Other Business Names**. Include any and all websites through which the Applicant solicits customers.

4. **CONTACT EMPLOYEE INFORMATION.** Identify a single Contact Employee who will be the person this department should contact about the company's license information. This individual must be authorized to receive all compliance and licensing information, communications and mailings and be responsible for disseminating it within the applicant's organization. It is very important that if this information changes you update the department immediately as all future communication, including renewal applications will be done electronically.

5. **CONSUMER COMPLAINT EMPLOYEE INFORMATION.** Identify a single Consumer Complaint Employee authorized to receive and respond to consumer complaints.

6. **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.

7. **CONTROL PERSONS**. Provide the full name, title, and residential address of all individuals (natural persons) that directly or indirectly exercise control over the Applicant, including principal officers, members, partners, trustees, etc. The intent is to capture the Applicant's leadership, and not to rely solely on the title of the individual.

8. **DIRECT OWNERS.** If the applicant is a corporation, list the name and address of any stockholder owning 10% or more of the outstanding stock in the corporation. If the applicant is a partnership or LLC, list the percentage of ownership of each partner or member. In the case of an owner that is a trust, the trust and each trustee.

9. **INDIRECT OWNERS.** If the Applicant is owned by another entity such as a corporation, limited liability company, partnership, or a trust, identify all such entities in the Applicant's chain of ownership on an organizational chart. If the Direct Owner is a corporation, list the name and address of any stockholder owning 25% or more of the outstanding stock in the corporation. If the Direct Owner is a partnership or limited liability company, list each partner or member with 25% or more ownership. In the case of a Direct Owner that is a trust, list each trustee with 25% or more ownership. Once a public reporting company or a natural person is reached, no ownership information further up the chain of ownership need be given.

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

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Main 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."
☐	☐	**FORMATION DOCUMENTATION.** Copy of: Articles of Incorporation (if a corporation), The Articles of Organization (if a limited liability company), The Partnership Agreement (if a partnership of any form), The Trust Agreement (if a trust), etc.
☐	☐	**INDIRECT OWNERS.** Copy of an organizational chart.
☐	☐	**DISCLOSURE QUESTIONS.** Explanation, in writing, detailing all events or proceedings for each "Yes" answer in response to the Disclosure Questions. Copies of court documents pertaining to each arrest, indictment and/or conviction must be provided. Copies of any applicable order and/or consent agreement must be attached.
☐	☐	**PERSONAL AND BUSINESS HISTORY STATEMENT.** Form is required for all Control Persons, Direct Owners and Person in Charge of the Office.
☐	☐	**BOND.** Surety bond in the amount of $40,000. Bond must include complete address of the office being licensed - not a post office box or other mailing address.
☐	☐	**FINANCIAL STATEMENT.** Include a balance sheet and a statement of income and expense covering the previous fiscal year. An attestation form must be attached to the financial statement and be sworn to before a notary public by a Control Person listed on the Main Office Application. Be sure line 2 of the attestation form reflects the date of the financial statement **not** the accountant's letter.
☐	☐	**BUSINESS PLAN.** Copy of a business plan.
☐	☐	**DEBT NEGOTIATION PROGRAM.** Brief description of the programs offered to customers and copies of all promotional materials.
☐	☐	**LIST OF EMPLOYEES.** Must be completed for all individuals employed at the Main Office including all Control Persons and Direct Owners. Exclude persons not doing business in Connecticut and those who solely perform clerical duties.
☐	☐	**WRITTEN AGREEMENTS.** Copies of applicable written agreements. Be sure to include description of services offered and any fees assessed or charged to debtors and creditors.

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 NEGOTIATION ACTIVITIES IN THE STATE OF CONNECTICUT UNTIL YOU HAVE OBTAINED LICENSURE IN CONNECTICUT