STATE OF CONNECTICUT

DEPARTMENT OF BANKING

CONSUMER CREDIT DIVISION

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800

CHECKLIST FOR SALES FINANCE COMPANY 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 668, 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 to which the answer relates.

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 Main Office:

   $800 Application filed between 10/1/2013 and 9/30/2014

   $400 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.

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 SALES FINANCE ACTIVITIES IN THE STATE OF CONNECTICUT UNTIL YOU HAVE OBTAINED LICENSURE IN CONNECTICUT