

**N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

**APPLICATION INSTRUCTIONS TO ADD ADDITIONAL LICENSE TYPE
CONSUMER LENDER/SALES FINANCE COMPANY**

NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED

This application is only to be used to obtain an additional license when the applying business entity already holds an existing Consumer Lender license or holds an existing Sales Finance Company license.

Applications submitted to this office must be complete and include all fees, documents, applicable schedules and attachments. Any incomplete application will not be accepted for processing and will be returned in its entirety.

1. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE
2. If you have a Sales Finance license and are seeking a Consumer Lender license, attach an unqualified, audited financial statement prepared by a Certified Public Accountant or a Public Accountant. The statement must demonstrate that the entity applying has a minimum net worth to satisfy the statutory requirement of \$100,000. In addition, consumer lender applicants must demonstrate a minimum in liquid assets of \$100,000. The net worth and liquid asset requirements are not cumulative. The audited financial statement should not be dated earlier than one year prior to the filing of the new application. If your initial licensure as a Sales Finance Company occurred within the last 12 months and the financial statement submitted at that time was audited and demonstrated sufficient net worth and liquidity to satisfy the above-identified minimums for the Consumer Lender license, a new audited statement is not required.
3. If you have a Consumer Lender license and are seeking a Sales Finance Company license, attach a financial statement that is not dated earlier than one year prior to the filing of the new application. If your initial licensure as a Consumer Lender occurred within the last 12 months, a new financial statement is not required.
4. The completion of the fingerprinting process is a condition of securing the additional license for which you are applying. If the sole proprietor applicant or the officers, directors, members, partners and substantial stockholders of corporate, limited liability company or partnership applicants have not been previously fingerprinted, each such individual must complete that process. Refer to our website www.dobi.nj.gov for complete information regarding the fingerprinting process and the MorphoTrak Universal Form.
5. Attach evidence of the completion of the fingerprinting process which **MUST** include: (1) copy of the individual's completed Universal Form; and (2) copy of the payment receipt issued by MorphoTrak at the time of completion of the LiveScan printing; **OR** (3) a request on file with this office for fingerprint cards as outlined in the fingerprint instructions on our website.
6. Attach all existing licenses for which the additional license type is sought. New licenses will be issued.

7. Attach the following **Non-Refundable** application fees:

APPLICANT	One License Type
Corporation, Limited Liability Co, Partnership, Sole Proprietor, Other Entities	\$300.00
Branch Office	\$300.00

8. Make check payable to: **Treasurer, State of New Jersey**

Questions regarding an application may be directed to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Return application by regular mail to:

NJ Department of Banking & Insurance
Licensing Services Bureau, Banking
P.O. Box 473
Trenton, NJ 08625

If using an express mail service send to:

NJ Department of Banking & Insurance
Licensing Services Bureau, Banking
20 W. State St. – 8th Floor
Trenton, NJ 08608

DEPARTMENT USE ONLY:		LICENSE TYPE BEING ADDED TO:
Ref No.	Rel No.	Main Office
C/R No.	Date Proc.	Branch Office(s)

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE**

LICENSING SERVICES BUREAU
PO BOX 473
TRENTON, NJ 08625

NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED

INDICATE LICENSE TYPE:	
Consumer Lender	Sales Finance Company

APPLICATION TO ADD ADDITIONAL LICENSE TYPE

TYPE OR PRINT CLEARLY

- Name of entity as it appears on the license: _____
Reference No: _____
- Principal Business Address _____

- Contact Person: _____ Telephone No. _____
- Federal Tax Identification Number _____
- Is this new license type to be conducted at all licensed locations? ___Yes ___No. If no, please attach a list with reference numbers of the offices that are to be authorized for this license type.

Signature of Corp Pres, Member, Partner, Sole Proprietor or
Licensed Individual

Date