

**BRANCH OFFICE APPLICATION INSTRUCTIONS
CONSUMER LENDER
SALES FINANCE COMPANY**

1. Indicate the license type(s) for which this branch office application is being submitted in the space provided.
2. 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.
3. Insert on line #1, the complete name of the entity exactly as it appears in your incorporation/formation papers as filed with the Treasurer of the State of New Jersey or on your trade name certificate filed with your County Clerk's Office. An alternate name may only be used at the proposed branch office location if the alternate name has already been approved for use at the licensed principal office of the entity.
4. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.
5. Attach a completed Certification of Office Suitability for In-State Office Location **or** Certification of Office Suitability for Out-of-State Location, whichever is applicable, for the location to be licensed.

NON-REFUNDABLE APPLICATION FEE

APPLICANT	One License Type	Two License Types
Corporation, Limited Liability Co, Partnership, Sole Proprietor, Other Entities	\$700.00	\$1,000.00

Make check payable to: Treasurer, State of New Jersey

Return application by regular mail to: Department of Banking & Insurance
Licensing Services Bureau
P.O. Box 473
Trenton, NJ 08625

If using an express mail service send to: Department of Banking & Insurance
Licensing Services Bureau
20 W. State St. – 8th Floor
Trenton, NJ 08608

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.

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625**

BRANCH APPLICATION

INDICATE LICENSE TYPE(S):

Consumer Lender

Sales Finance Company

TYPE OR PRINT CLEARLY

1. Name of Applicant: _____

D/B/A or Trade Name (if applicable) _____

NOTE: an alternate or trade name can only be used at a branch office location if it has been approved for use at the principal office location. Is an approved alternate or trade name to be used at this office?

Yes ____ No ____

2. Principal office address as it appears on license: _____

_____ Reference # _____

3. Address of branch office to be licensed (include, city, state & zip code) _____

4. Name of Branch Manager/Person in charge of location: _____

Signature of Corp Pres, Member, Partner or Sole Proprietor

Subscribed and sworn to before me at:

Date: _____

this ____ day of _____ 20 ____

(Official Title)



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 LICENSING SERVICES BUREAU - BANKING
 PO Box 473
 TRENTON, NJ 08625-0473
 TEL (609) 292-7272

NEW JERSEY CERTIFICATION OF OFFICE SUITABILITY FOR SALES FINANCE/CONSUMER LENDER IN-STATE OFFICE LOCATION

The commissioner shall consider the following factors in determining whether a location in New Jersey at which there is direct contact with New Jersey consumers is suitable:

1. The location shall have a space that may only be utilized for the purposes of the licensee’s business and by the licensee and its employees, structured in such a way as to ensure the maintenance of a consumer’s right to privacy with respect to conversations and documents involving personal and financial information;
2. The location shall conform to all local ordinances and zoning requirements;
3. The location shall be reasonably accessible to the public;
4. The location shall be reasonably free of noise and other distractions so as to permit customers to give appropriate consideration to the loan transaction; and
5. In addition, a location in a residence shall not be considered suitable unless the office is separate from the residential area and conveniently accessible to all consumers through a separate business entrance.

This is to certify that we have reviewed the Department of Banking and Insurance office requirements stated above. We further certify that the proposed business address conforms to all the office requirements identified above.

NJ Reference No.	(Address – City, State, Zip, County)
(Name of Applicant)	(Print Name of Corp Pres/Member/Sole Proprietor)
(Date)	(Signature of Corp Pres/Member/Sole Proprietor)

Subscribed and sworn to before me at _____
 this ____ day of _____ 20____

 (Official Title)

SFCLNJOffSuitCert911



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 LICENSING SERVICES BUREAU - BANKING
 PO Box 473
 TRENTON, NJ 08625-0473
 TEL (609) 292-7272

**NEW JERSEY CERTIFICATION OF OFFICE SUITABILITY
 FOR SALES FINANCE/CONSUMER LENDER OUT-OF-STATE
 OFFICE LOCATION**

The Commissioner shall consider the following factors in determining whether an out-of-State location at which there is direct contact with New Jersey consumers is suitable:

1. The location shall ensure the maintenance of a consumer’s right to privacy with respect to conversations and documents involving personal and financial information; and
2. The location of the out-of-State office shall comply with all applicable Federal, State and local laws in the state where the office is located.

This is to certify that we have reviewed the Department of Banking and Insurance office requirements stated above. We further certify that the proposed business address conforms to all the office requirements identified above.

 NJ Reference No. (Address – City, State, Zip)

 (Name of Applicant) (Print Name of Corp Pres/Member/ Sole Proprietor)

 (Date) (Signature of Corp Pres/Member/Sole Proprietor)

Subscribed and sworn to before me at

this ____ day of _____ 20____

 (Official Title)

SFCLNotNJOffSuitCert911