

NJ DEPARTMENT OF BANKING and INSURANCE

LICENSING SERVICES BUREAU

P.O. BOX 473

TRENTON, NJ 08625

CHANGE OF CONTROL APPLICATION INSTRUCTIONS

A change of control filing is required for any sale or transfer of a controlling interest (25% or more) in a licensee's business.

- A. Type or print all answers in BLOCK CAPITALS. Do not leave any questions unanswered. If a question is not applicable to you, or if the answer is "none", please type or print N/A or NONE.
- B. Insert on line #1 the complete name of the corporation/limited liability company exactly as it appears on your incorporation papers, your limited liability company certificate of formation, or your Certificate of Authority to do Business in New Jersey (foreign corporations or limited liability companies) filed with the NJ Division of Revenue.
- C. Application must be properly signed and dated by company president and secretary in the spaces provided for attestation. Signatures must be witnessed by a notary public or attorney.
- D. Attach a copy of the stock purchase agreement or agreement to purchase ownership interest in a limited liability company as well as any other documents evidencing the change in ownership.
- E. Attach a copy of the corporate resolution or amended limited liability operating agreement showing the termination of officer/director/member positions and the appointments of new officers/directors/members.
- F. Attach personal certifications for each new officer, director, member and substantial stockholder/key shareholder/owner. The following information is provided as clarification.
 - Consumer Lender and Sales Finance Company: (1) Officers include at a minimum: Chief Executive Officer, President, Chief Operations Officer, Chief Financial Officer/Treasurer/Comptroller, Secretary, any specific Officer responsible for New Jersey business operations; (2) substantial stockholder is an owner of ten (10) percent or more of the stock
- G. Attach evidence of the completion of the fingerprinting process for each new officer, director, member and substantial stockholder/key shareholder/owner (see above)

for those to be included). Evidence of completion of the fingerprinting process **MUST** include: (1) a copy of the individual's completed Universal Form; and (2) a copy of the payment receipt issued by MorphoTrust, the fingerprint LiveScan vendor, at the time of completion of the LiveScan printing. Please refer to our website for specific information on the fingerprinting process – www.dobi.nj.gov - click on the applications and forms button, look for your category of license and locate the fingerprinting information for that category of license.

DEPARTMENT USE ONLY: Ref. No. _____ Date Proc. _____

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

**LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

**CONSUMER LENDER
SALES FINANCE COMPANY**

CHANGE OF CONTROL APPLICATION

TYPE OR PRINT CLEARLY

1. Name of applicant _____
D/B/A or Trade Name (if applicable) _____
2. Principal Business Address: _____

Contact Person _____ Telephone No. _____
3. Federal Tax Identification No. _____
4. New Officer/Member information (attach additional sheets if necessary):

Name	Title	Business Address

5. New Director information (attach additional sheets if necessary):

Name	Title	Business Address

6. New Stockholder/owner information. Attach additional sheets if necessary

Name	% of ownership	Business Address

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of securing approval for a license change of control, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signed, sealed and delivered in
the presence

(Name of Licensee)

(Corporate Seal)
(if applicable)

(Signature of Corporate President, Member)

Attest: _____
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)

PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner _____
Director _____
Stockholder _____
Employee _____

1. Name _____
2. Residence Address _____
3. Business Address _____
4. Date of Birth _____ Place of Birth _____
5. Telephone No. (_____) _____ Social Security Number _____

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes _____ No _____. Are you a citizen of the United States? Yes _____ No _____. If no, in what country do you hold citizenship? _____.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes _____ No _____ **If “yes”, complete [ARREST FORM](http://www.dobi.nj.gov) found on www.dobi.nj.gov.**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes _____ No _____
10. Have you been involved in any material litigation during the five-year period prior to application? Yes _____ No _____
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes _____ No _____. Are you in arrears on such obligations for a period of six months or more? Yes _____ No _____.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20_____

Title