

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

BRANCH OFFICE INSTRUCTIONS

1. Indicate the the type of branch license being requested 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 corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. Application must be properly signed and dated. Signatures must be witnessed by a notary public or attorney.
5. Send a company check or money order made payable to : **Treasurer, State of New Jersey** in the appropriate amount listed below for the license category. Personal checks are not accepted.

NOTE: All fees submitted with applications are Non-Refundable.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Insurance Premium Finance Co	\$500.00

Questions regarding an application may be directed to (609) 292-5340.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
PO Box 473
Trenton, NJ 08625

or, for Overnight Service:

Licensing Services Bureau
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08610

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

BRANCH APPLICATION

INDICATE TYPE OF LICENSE: Motor Vehicle Installment Seller ___ Home Repair Contractor ___ Home Finance Agency ___ Pawnbroker ___ Money Transmitter ___ Foreign Money Transmitter ___ Insurance Premium Finance Co ___ Non-Profit Debt Adjuster ___ Check Cashier ___
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TYPE OR PRINT CLEARLY

- Name of Applicant: _____
 D/B/A or Trade Name (if applicable) _____
- Principal address as it appears on license: _____
 _____ Reference No. _____
- Address of branch office to be licensed(include, city, state, county & zip code) _____

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 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.

 Signature of Corporate President, Partner, Sole Proprietor

 Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)