



30 South Meridian Street, Suite 300  
Indianapolis, Indiana 46204-2759  
Telephone: (317) 232-3955  
FAX: (317) 232-7655  
WEB SITE <http://www.in.gov/dfi>

## TO APPLICANTS FOR A LOAN LICENSE:

This application is for a license to make consumer loans under the Indiana Uniform Consumer Credit Code (IUCCC), IC 24-4.5. The IUCCC provides that, unless a person is a supervised financial organization or has first obtained a license from the Department of Financial Institutions (DFI) authorizing them to make consumer loans, they shall not engage in the business of making such loans. If you are taking assignment or undertaking direct collection of payments in **Indiana**, a loan license is also required. The original application form is to be filed with the Department and a copy of the form should be retained by the applicant. Only one license is needed to operate in one or more locations.

To make small loans (payday loans) under IC 24-4.5-7, the applicant must apply for a Small Loan License via the Application that is on the DFI website. To make first lien mortgage loans or subordinate lien mortgage loans the applicant must apply for the respective license via the Nationwide Mortgage Licensing System. See the DFI website for additional details on these licenses.

**LICENSE FEE:** The application must be accompanied by an initial loan license fee of \$1,000. The check or money order is to be made payable to the Department of Financial Institutions. Licenses are renewed annually with the IUCCC Creditor's Notification Return by December 31. The required license renewal fee is the greater of \$1,000 or the annual volume fees paid under IC 24-4.5-6-203.

**FINANCIAL RESPONSIBILITY:** The applicant must have a minimum net worth of \$100,000 and liquid assets of at least \$50,000. Liquid assets include cash or its equivalent (any assets that are readily convertible to cash without significant loss such as treasury bills, short term marketable securities, demand deposits, and time deposits nearing maturity. Other assets that are to be considered liquid must be identified by a footnote in the CPA report as to how the liquidity was determined.) A reviewed or audited financial statement prepared by a CPA, or the most recent 10K filing with the Securities and Exchange Commission (SEC), verifying the above requirements must accompany the application. If the named applicant for the license is a limited liability company or subchapter S corporation, then in addition to a CPA review or audit level financial statement on the corporate entity, any individuals who are members of the LLC or owners of the subchapter S corporation and own 10% or more of the LLC or subchapter S Corporation should submit a personal financial statement. These personal financial statements do not have to be prepared by a CPA, but must meet acceptable minimum accounting standards for personal financial information.

**EXPERIENCE:** Applicant must show minimum two (2) years finance related experience for anyone who will be managing an Indiana location.

**CRIMINAL BACKGROUND CHECK:** A nationwide criminal background check based on fingerprints will be completed for each owner (sole proprietorship), partner (partnership), or officer (corporation) as well as the manager for an Indiana location. The State of Indiana now uses MorphoTrust USA to take and/or process fingerprint cards for the State and FBI background checks required for all license applications for the Indiana Department of Financial Institutions (DFI). The procedures will differ depending on whether you are located in Indiana or in other parts of the country. Detailed instructions for the fingerprinting process are on-line at: [http://www.in.gov/dfi/files/DFI\\_Fingerprint\\_Instruct.pdf](http://www.in.gov/dfi/files/DFI_Fingerprint_Instruct.pdf) Please read through this information and if you have any questions, please contact DFI at 800-382-4880 or 317-232-3955. DO NOT send fingerprint cards to the DFI as this will only delay the processing of your license application. Each applicant should include with their jurisdiction specific documents a list of all personnel to be fingerprinted for background checks.

**CREDIT REPORT:** A credit report of the business and/or principals is to be attached to the Application.

**REFERENCES:** Give three names and addresses of references willing to acknowledge the financial responsibility, character, and fitness of the applicant. One reference shall be a representative of a financial institution. Reference letters on the reference's business stationary should be submitted with your license application.

**FORMS TO BE SUBMITTED:** When returning the application, you are to enclose copies of the forms listed below which will be used in conjunction with your lending transactions.

1. Loan Application,
2. Note and Security Agreement,
3. Disclosure Form (If not a part of Item 2 or 3.)
4. Retail Installment Sales Contract (If applicable.)

**PLEASE NOTE:** The application and financial statement must be fully completed and filed with the Department along with the required initial license fee. Upon approval of a license application, the applicant will be notified and provided a License ID number. The licensee should show the assigned license number in all correspondence or communications with the Department subsequent to licensing. Licenses under the Indiana Uniform Consumer Credit Code are issued on the basis of representations made in the application. Any substantial change in the information included in the application shall be reported to the Department within thirty days after such change. **See IC 24-4.5-3-505(3) and 6-202(3).** Change in the name requires the submission of the license to the Department for reissue. Change in ownership of the holder of the license terminates the license. Indiana loan licenses are not assignable or transferable, **see IC 24-4.5-3-503(6).**

CONSUMER CREDIT DIVISION  
mtarpey@dfi.in.gov



State of Indiana  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
 30 South Meridian Street, Suite 300  
 Indianapolis, Indiana 46204  
 State Form 18542 (R3 / 6-06)  
 Approved by State Board of Accounts, 2006

DFI Office Use Only	
DATE REC. _____	
Lic ID # _____	DFI ID # _____
INVOICE # _____	CHECK # _____
AMT. PD. _____	BAL. DUE _____

# APPLICATION FOR LOAN LICENSE Non-Mortgage Consumer Lending

ATTACH LICENSE APPLICATION FEE CHECK HERE

TO BE COMPLETED BY ALL APPLICANTS		
The undersigned makes application for a loan license as provided in the Indiana Uniform Consumer Credit Code, IC 24-4.5.		
Name of Applicant ( <i>Sole Proprietorship, Partnership, Corporation, LLC</i> )		
PRINCIPAL BUSINESS ADDRESS:		
Address ( <i>Number and Street</i> )		
City, State, ZIP Code	Telephone	Fax
HOME OFFICE NAME AND ADDRESS: (If Different from Principal Business Name and/or Address)		
Home Office Name		
Address ( <i>Number and Street</i> )		
City, State, ZIP Code	Telephone	Fax
ADDRESS WHERE LICENSE NOTIFICATION IS TO BE SENT:		
Address ( <i>Number and Street</i> )		
City, State, ZIP Code	Contact Person	E-Mail
ASSUMED NAME		
If applicant operates under an assumed name, a certificate from the appropriate official showing compliance with the provisions of the laws of the State of Indiana pertaining to conducting business under an assumed name is to be included with the application.		
INDIVIDUALS ( <i>To be completed by those operating as a sole proprietorship</i> )		
Name		
Address ( <i>Number and Street</i> )		
City, State, ZIP Code	Telephone	

**PARTNERSHIPS (To be completed by those operating as Partnerships)**

**NAME AND RESIDENCE ADDRESS OF EACH PARTNER:**

Name

Address (Number and Street)

City, State, ZIP Code

Telephone

Name

Address (Number and Street)

City, State, ZIP Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

**CORPORATIONS / LIMITED LIABILITY COMPANIES (To be completed by those operating as a Corporation / LLC)**

Name of Corporation / LLC

Address (Number and Street)

City, State, ZIP Code

Telephone

Corporation Organized Under the Laws of What State?

Date of Incorporation / Organization

**ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY FROM THE INDIANA SECRETARY OF STATE.**

**LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION OR LLC WITH TITLE AND RESIDENCE ADDRESS:**

Name of Officer / Director / Member

Title

Address (Number and Street)

City, State, ZIP Code

Telephone

Name of Officer / Director / Member

Title

Address (Number and Street)

City, State, ZIP Code

Telephone

Name of Officer / Director / Member

Title

Address (Number and Street)

City, State, ZIP Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

**IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THE COMPANY. FOR ENTITIES MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.**

Name	Title
Address ( <i>Number and Street</i> )	
City, State, ZIP Code	Telephone
Name	Title
Address ( <i>Number and Street</i> )	
City, State, ZIP Code	Telephone
Name	Title
Address ( <i>Number and Street</i> )	
City, State, ZIP Code	Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

**REFERENCES**

Give three (3) names and addresses of references as to your "financial responsibility, character, and fitness." One shall be a representative of a depository institution. **Reference letters on the reference's business stationery are to be submitted with your license application.**

Individual's Name	Title
Address ( <i>Number, Street, City, State, ZIP Code</i> )	
Individual's Name	Title
Address ( <i>Number, Street, City, State, ZIP Code</i> )	
Individual's Name	Title
Address ( <i>Number, Street, City, State, ZIP Code</i> )	

**INDIANA BRANCH INFORMATION**

ADDRESS OF EACH INDIANA BRANCH LOCATION	Number of Branches _____
Address ( <i>Number and Street</i> )	
City, State, ZIP Code	Telephone
Address ( <i>Number and Street</i> )	
City State, ZIP Code	Telephone
Address ( <i>Number and Street</i> )	
City, State, Zip Code	Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

## GENERAL INFORMATION

1. If a corporation / LLC, attach a copy of your certificate of authority and articles of incorporation from the Indiana Secretary of State.
2. Attach a copy of your Indiana business plan including information on any other types of activities you will be engaged in.
3. (a) List other states where the applicant or any affiliated company operates as, or did operate as, or is licensed or regulated, or was licensed or registered as, a lender, loan broker, or other financial services provider under state or federal regulatory authority. Provide the same information for owners and officers of the applicant. Provide the name of all state and federal regulatory agencies, contact person, contact information, and the date licensed.  
  
(b) Applicant should obtain a letter of good standing, or equivalent, from their home state lender regulator, other than Indiana, where they are currently making loans.
4. Has the applicant, any affiliated company, or any company associated with the owners or officers of the applicant had a license or registration cancelled, suspended, or revoked in any state or been subject to a state or federal enforcement or administrative order, including but not limited to informal resolutions, memorandums of understanding, cease and desist orders? Yes  No  If Yes, give full details. \_\_\_\_\_
5. Do you agree to keep a separate set of books and records to be used only for the lending business? Yes  No
6. Do you plan to sell insurance to borrowers? Yes  No  If Yes, describe type/s of insurance.
7. Do you plan to purchase retail installment sales contracts? Yes  No
8. Attach a detailed explanation of the following:
  - a. How loans will be made? When will applicant be funding/brokering loans versus closing in name of applicant as "creditor"?
  - b. Written description of the funding of the loan to the consumer.
  - c. Security
  - d. Estimated Average Loan.
  - e. Will you have a location in Indiana or will you use Indiana title companies or attorneys to close the loans?
  - f. Will you retain servicing on the loans? Yes  No  If No, who will be servicing?
  - g. Software the applicant proposes to use for disclosure and/or record keeping.
  - i. Why do you wish to make loans in Indiana?
  - j. Who will Indiana loans be sold to? Give full details.
9. Who will be managing the business? \_\_\_\_\_  
**Applicant must show minimum two (2) years finance related experience for anyone who will be managing an Indiana location.**
10. Give history and full details of any material litigation and/or criminal convictions for five years preceding date of application for any owner, partner, corporate officer, limited liability member, or branch manager.
11. Do you plan to make small loans under IC 24-4.5-7? Yes  No  If Yes, complete application for Small Loan License.

**ATTACH A BUSINESS RESUME FOR THE MANAGER, OWNER, PARTNERS, AND ALL OFFICERS, AS APPLICABLE.**

**ATTACH CPA PREPARED REVIEWED OR AUDITED FINANCIAL STATEMENTS or most recent 10K filing with the Securities and Exchange Commission (SEC) having a minimum net worth of at least \$100,000 and liquid assets of \$50,000.**

## ACKNOWLEDGMENT

The applicant executed this application on \_\_\_\_\_ and acknowledges that all statements made herein and supporting schedules, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with the law. Intentionally providing false information will terminate the application process and will subject the license to revocation if false information is substantiated after issuance, IC 24-4.5-3-504(1)(b).

IF A CORPORATION, PRESIDENT AND ONE OFFICER MUST SIGN; IF LLC, MEMBER/S MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

By:

Title

By:

Title

## LOAN LICENSE APPLICATION CHECKLIST

### ATTACH TO APPLICATION

CHECK HERE	THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION
	\$1,000 Loan License Application Fee
	CPA prepared Reviewed or Audited Financial Statements or most recent 10K filing with the Securities and Exchange Commission (SEC) with a minimum \$100,000 net worth and \$50,000 in liquid assets
	Criminal background check, based on fingerprints, from FBI or State Police from state of residence for each principal. (officer/ member/ partners/ owner/ Indiana manager). Detailed instructions for the fingerprinting process are on-line at: <a href="http://www.in.gov/dfi/files/DFI_Fingerprint_Instruct.pdf">http://www.in.gov/dfi/files/DFI_Fingerprint_Instruct.pdf</a> .
	Credit Report for business and/or principals
	Three reference letters, one must be a financial institution
	Example of loan application
	Sample of a completed <u>filled-in</u> Note and Disclosures applicable to type of loans to be made
	Retail Installment Contract (if purchasing contracts from Indiana dealers)
	Security agreement (if purchasing contracts from Indiana dealers)
	If a corporation / LLC, a copy of Certificate of Authority to do business in Indiana from the Secretary of State
	If a D/B/A is being used, a copy of assumed name certificate from the Indiana County recorder for each County where you do business if a sole proprietorship or partnership; or Indiana Secretary of State for a corporation or LLC.
	Copy of Indiana business plan
	List of other states where operating as a lender and/or broker
	Letter of good standing, or equivalent, from Home Office State Lender Regulator
	Business resume for the manager, owner, partners, members, and all officers, as applicable
	Detailed information requested in Item 9 on Page 4 of the application

**Check each item required to accompany the application to make sure your application is complete and send this checklist with the application.**



## Department of Financial Institutions

### Applicant Fingerprinting Instructions

#### PLEASE READ ALL 4 PAGES OF INSTRUCTIONS

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to [www.identogo.com](http://www.identogo.com) and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish)
4. Enter your first and last name and click "go"
5. Choose your Agency Name/Applicant Type as provided by your employing or licensing agency, or by the Indiana State Police. If you do not find your Agency/Applicant Type on the list, choose "All Others" and click "go".
6. You may be prompted to select an Applicant Category. If you are prompted for this value, choose your Applicant Category as provided by your employing or licensing agency, or by the Indiana State Police, and click "go".
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go"
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click "Send Information"
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
11. Complete your payment process, if prompted, and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** the following with you to your fingerprinting appointment: Valid Driver License, Valid State Issued Identification Card, Valid Passport, Student ID with Picture and DOB, Work ID with Picture and DOB, Valid Alien ID card with Picture and DOB. If you do not have the above identification, you will need **both** a valid Birth Certificate and a Social Security Card.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check you ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the authorized agency or individual. MorphoTrust is never in possession of criminal record data results.



## Indiana Department of Financial Institutions Applicant Fingerprinting Form

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Contact # \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
Month Day Year
State

Citizenship: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Original TCN (if this is a reprint) \_\_\_\_\_

**CIRCLE CODES THAT APPLY**

<b><u>SEX</u></b>	<b><u>HAIR COLOR</u></b>	<b><u>EYE COLOR</u></b>
Male ..... M	Bald ..... BAL	Black ..... BLK
Female ..... F	Black ..... BLK	Blue ..... BLU
	Brown ..... BRO	Brown ..... BRO
<b><u>RACE</u></b>	Gray/Part Gray . . . GRY	Gray ..... GRY
Asian or Pacific Islander . . A	Red/Auburn ..... RED	Green ..... GRN
Black ..... B	Sandy ..... SDY	Hazel ..... HAZ
American Indian or	White ..... WHI	Maroon ..... MAR
Alaskan ..... I		Multicolored ..... MUL
Unknown ..... U		Pink ..... PNK
White ..... W		

**Go to [www.identogo.com](http://www.identogo.com) or call 1-877-472-6917  
to schedule fingerprinting appointments. Use requesting agency  
information below to ensure correct processing and fees.**

Please bring your valid **Drivers License** or other **State** or **Federal** issued **Photo ID**  
to your fingerprint appointment

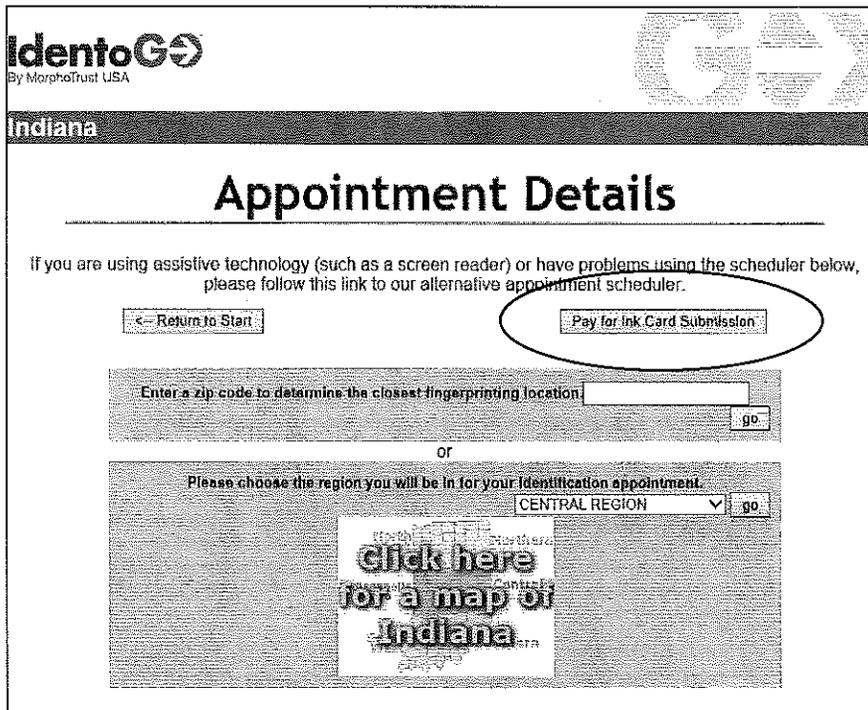
Applicant Type: Department of Financial Institutions ORI #: IN920130Z

## Indiana Card Scan Processing Procedures

Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

### Indiana Licensing and Certification

- Applicants must go online to the MorphoTrust IdentoGO® website ([www.identogo.com](http://www.identogo.com)) or call the toll free registration center at 1-877-472-6917 and complete the registration process. During the registration process, applicants should select **"Pay for Ink Card Submission"** on the Appointment Details page. This will identify to MorphoTrust that a hard card will be mailed in for conversion to an electronic fingerprint record which will then be submitted to the Indiana State Police.



IdentoGO  
By MorphoTrust USA

Indiana

## Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

[← Return to Start](#) [Pay for Ink Card Submission](#)

Enter a zip code to determine the closest fingerprinting location:  go

or

Please choose the region you will be in for your identification appointment.  
CENTRAL REGION ▼ go

[Click here for a map of Indiana](#)

- Applicants should complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number should be retained by the applicant for tracking purposes. The confirmation number must be included in with your fingerprint card when it is submitted to MorphoTrust for proper processing.



- Fingerprints must be submitted on standard FBI applicant cards (FD-258); use of other types of fingerprint cards may delay your processing. [REDACTED]. *Due to agency specific information, MorphoTrust does not provide fingerprint cards to applicants.*
- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Applicants need to make sure the following information is completed on the fingerprint card. **Required information includes: Full name, Date of Birth, and Address. Please include the payment confirmation number provided at the end of making your payment with your card (if you pre-paid).**
- Applicants for Department of Children's Services (DCS) must have approval from DCS COBCU to submit a hard card for processing via this method. Applicants must include a copy of their email from COBCU authorizing the submission of a hard card. Failure to include a copy of the email from COBCU will result in the card being returned to the applicant and will delay the process.
- If paying by Business Check or Money Order, include the full name of the applicant on each check or money order. If one Business Check or Money Order is being used as payment for more than one applicant, please include a list of all applicant names covered by the check. Personal checks are not accepted.
- The fingerprint card along with the appropriate fee, if required and not paid by Escrow Account or Credit Card at the end of registration, should then be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized):

*MorphoTrust USA  
Indiana Processing  
3051 Hollis Drive, Suite 310  
Springfield, IL 62704*

- Please include at least two (2) means of contact for each applicant for which a fingerprint card is submitted to allow MorphoTrust to ask any questions related to the processing of the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc).
- Applicants wishing to verify that a fingerprint card has been processed may call 877-472-6917 and speak with a customer service representative. Please allow 3 days from date of receipt before contacting MorphoTrust regarding processing status.

**Failure to complete the process as stated on these instructions will result in the card being returned to the applicant, which will delay the process.**