



APPLICATION FOR COLLECTION AGENCY LICENSE

State Form 40495 (R4 / 7-06)
Indiana Code 25-11-1 et seq.
Approved by State Board of Accounts, 2006

Original application filing fee:
\$100.00

Renewal application filing fee:
\$100.00

Branch office filing fee:
\$30.00

Filing fees should be made payable to "Secretary of State".

**INDIANA SECRETARY OF STATE
SECURITIES DIVISION**
302 W. Washington Street, Rm. E111
Indianapolis, IN 46204
Telephone (317) 232-6681
www.sos.IN.gov

Please check one: Original Application Renewal application Branch office

INFORMATION AND INSTRUCTIONS

1. Please read this application carefully.
2. The application must be legible.
3. To ensure continuous operation of a collection agency, please return the completed renewal application by the 1st of December of each renewal year.
4. Each out-of-state agency must include with its application a valid license from the issuing home state.
5. A check made payable to the Secretary of State must accompany the application. Cash will not be accepted. The application fee is \$100.00 plus an additional fee of \$30.00 for each branch office operated in Indiana. Registration must be renewed every two (2) years.
6. The applicant must obtain a bond from a surety company authorized to do business in Indiana. The bond must be filed with this application. Each office and Indiana based branch office must provide a \$5,000.00 bond.

(Check one)

INDIVIDUAL PARTNERSHIP LIMITED LIABILITY PARTNERSHIP (L.L.P.) LIMITED LIABILITY COMPANY (L.L.C.) CORPORATION

Name of applicant

Business address (number and street)

City	State	ZIP code	County
Name under which business is conducted, if different		Fax number ()	Telephone number (including any 800 number) ()

Name of principal to whom correspondence may be addressed

Address (number and street, city, state, and ZIP code)	Telephone number ()
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* Your Social Security number is being requested by this state agency. Your disclosure is voluntary. This application will not be refused if you do not disclose your SSN.

Social Security number *	Date of birth (month, day, year)	Place of birth
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Principal's home address (and prior address if less than two years at present address)

State the address of each branch office to be maintained in Indiana

ADDRESS (number and street, city, state, and ZIP code)	County
ADDRESS (number and street, city, state, and ZIP code)	County
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Is applicant a resident of the State of Indiana? Yes No (If not, applicant must appoint a resident agent for service of process and agree that service upon such agent will be valid service upon the applicant. The statement appointing the agent must accompany this application and must include the address and telephone number of the agent.)

Is the applicant a judge or law enforcement officer? Yes No

Has any member, partner or officer of this business been convicted of a misdemeanor or felony within the past ten (10) years? Yes No

Is any member, partner, or officer of this business a law enforcement officer or judge? Yes No

FOR STAFF USE ONLY

Effective date (month, day, year)	Registration number
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(see reverse side)

ADDITIONAL INSTRUCTIONS

7. If the applicant is a **Partnership** or a **L.L.P. (Limited Liability Partnership)**, please include with this application the name of each partner and the residential address of at least one partner.
8. If the applicant is a **L.L.C. (Limited Liability Company)**, please include with this application the date and place of organization of the L.L.C., the names of each manager and member of the L.L.C., and the residential address of at least one manager of the L.L.C.
9. If the applicant is a **Corporation**, please include with this application the date and place of incorporation, the names of all officers of the corporation, and the residential address of at least one of the officers of the corporation.

AFFIDAVIT

I, _____, as applicant and as principal of the foregoing business entity, do solemnly swear that::

(1) every partner, member, manager, or officer of this collection agency business, including myself, is:

- (a) a citizen of the United States of America;
- (b) of good moral character;
- (c) not less than eighteen (18) years of age;
- (d) not a person who has ever defaulted in the payment of money collected or received for another;
- (e) not a former licensee in this state whose license has been suspended or revoked and not subsequently reinstated.

I further swear and affirm that the foregoing answers and statements in this application and any related forms were made by me and that they are true and accurate to the best of my knowledge and belief.

NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant		Signature of Notary Public	
Printed or typed name of applicant		Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (<i>month, day, year</i>)	County of residence	Date commission expires (<i>month, day, year</i>)	