

30 South Meridian Street, Suite 200 Indianapolis, Indiana 46204-2759 Phone: (317) 453-2566 FAX: (317) 232-7655

DFILicensing@dfi.in.gov https://www.in.gov/dfi

TO APPLICANTS FOR A SMALL LOAN LICENSE:

The Indiana Uniform Consumer Credit Code (IUCCC) provides that, unless a person is a supervised financial organization or has first obtained a small loan license from the Department of Financial Institutions (DFI), they cannot engage in the business of making such loans. A small loan license is also required if taking assignment and undertaking direct collection of payments **in Indiana**. The original application is to be filed with the DFI; a copy should be retained by the applicant. Only one (1) license is needed per legal entity to operate in one (1) or more locations. A person making one (1) or more small loans must obtain a license.

To make consumer loans (not payday loans) under IC 24-4.5-3, an applicant must apply for a Consumer Loan License through the NMLS.

LICENSE FEE: An initial license fee of \$2,000 plus \$750 for each branch location in Indiana after the first location must be submitted with the application. The check or money order is to be made payable to the Department of Financial Institutions. License renewal forms and fees are due annually by December 31. The renewal fee is \$2,000 plus \$750 for each branch location in Indiana after the first location. The maximum fee is \$10,000.

EXPERIENCE: The applicant must show a minimum of two (2) years finance-related experience for anyone who will manage an Indiana location.

OFFICE INTERVIEW: An interview at the DFI's office will be scheduled before the license is approved.

FINANCIAL REQUIREMENTS: Provide reviewed or audited financial statements prepared by an independent CPA, or the most recent 10K filing with the Securities and Exchange Commission, indicating a minimum net worth of \$100,000 and liquid assets of at least \$50,000. Liquid assets include cash or its equivalent (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). For other assets to be considered liquid, the CPA must clarify by a footnote as to how the liquidity was determined. If the applicant for the license is a limited liability company (LLC) or subchapter S corporation, then in addition to a CPA review or audit level financial statement on the corporate entity, personal financial statements must be submitted for any individuals who own at least 10% of the LLC or subchapter S corporation. Personal financial statements do not have to be prepared by a CPA but must meet acceptable minimum GAAP standards.

BOND: A person engaged in making small loans under IC 24-4.5-7 must post a surety bond to the DFI in the amount of \$50,000 for each location where small loans will be made, up to a maximum bond amount of \$200,000. The bond must accompany the application. The bond must remain in effect for two (2) years after the lender ceases operations in Indiana. The bond form used must be the one provided by the DFI.

CREDIT REPORT: Provide a credit report for the business.

CRIMINAL BACKGROUND CHECK: A nationwide criminal background check based on fingerprints must be completed for each owner (sole proprietorship), partner (partnership), or officer (corporation), as well as the managers for Indiana locations. The DFI uses IdentoGO to take and/or process fingerprints for the background checks. The procedures will differ depending on whether you are located in Indiana or in other parts of the country. Please visit our website, https://www.in.gov/dfi/2786.htm, for information on background checks, a copy of the FBI privacy policy, and the fingerprinting instructions. **DO NOT send fingerprint cards to the DFI as this will only delay your license application.** Provide a list of all personnel to be fingerprinted for background checks.

REFERENCES: Give three (3) names and addresses of references willing to acknowledge the financial responsibility, character, and fitness of the applicant. One (1) reference must be a representative of a financial institution. Reference letters on business letterhead must be submitted with the license application.

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

- 1. Example loan application
- 2. A completed initial small loan agreement and consecutive small loan; include the note, security agreement, and disclosure
- 3. Borrower's rights and responsibilities pamphlet required under IC 24-4.5-7-301(4)
- 4. Extended payment plan disclosure required under IC 24-4.5-7-401(3)
- 5. Sample extended payment plan agreement under IC 24-4.5-7-401(4)
- 6. Military covered borrower form (not specifically required under IC 24-4.5 but authority provided under IC 24-4.5-1-102(7)

Licenses under the IUCCC are issued on the basis of representations made in the application. Any substantial change in the information included in the application must be reported to the DFI within thirty (30) days after such change (see IC 24-4.5-3-505(6) and (7)). Change in ownership of the holder of the license terminates the license (see IC 24-4.5-3 503(11)). Any change in control of the licensee must receive prior approval by the Department; see IC 24-4.5-3-515.

Links to all sample forms and relevant statutes are on the DFI website under Policies and Guidance, and Legal Resources.

Consumer Credit Licensing Team dfilicensing@dfi.in.gov (317) 453-2566



SUBMIT LICENSE APPLICATION FEE CHECK BY MAIL. Application materials may be mailed or submitted via secure email to DFILicensing@dfi.in.gov.

State of Indiana DEPARTMENT OF FINANCIAL INSTITUTIONS

30 South Meridian Street, Suite 200 Indianapolis, Indiana 46204

DFI OFFICE USE ONLY		
DATE REC		
LIC ID #	DFI ID #	
INVOICE#_	CHECK#	
AMT.PD	BAL. DUE	

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 (Sole Proprietorship, Partnership, Corporation, LLC)		
PRINCIPAL RUS	SINESS ADDRESS	
Address (number and street)	SINESS ADDICESS	
City, state, and ZIP code	Telephone number	Fax number ()
HOME OFFICE NAME (If Different from Principal B	E AND ADDRESS usiness Name and/or Address	s)
Name of home office		
Address (number and street)		
City, state, and ZIP code	Telephone number	Fax number
ADDRESS WHERE CORRE	SPONDENCE IS TO BE SENT	
Name of Contact Person		
Address (number and street)		
City, state, and ZIP code	Email address	
ASSUM	ED NAME	
If applicant operates under an assumed name, a certificate from the laws of the State of Indiana pertaining to conducting business		
Assumed Name		
INDIVIDUALS (To be completed by those operating as a sole proprietorship.)		
Name		
Address (number and street)		
City, state, and ZIP code		Telephone number ()

PARTNERSHIPS (To be completed by those operating as Partnerships.)			
NAME AND RESIDENCE ADDRESS OF EACH PARTNER			
Name			
Address (number and street)			
City, state, and ZIP code		Telephone number	
Name			
Address (number and street)			
City, state, and ZIP code		Telephone number ()	
Attach an additional sheet if necessary.			
CORPORATIONS / LIMITED LIABILIT (To be completed by those operating as a			
Name of Corporation / LLC			
Address (number and street)			
City, state, and ZIP code		Telephone number ()	
Corporation Organized Under the Laws of What State? Date of Incorporation / Organization (month, do		Incorporation / Organization (month, day, year)	
ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY FROM THE IN	IDIANA S	ECRETARY OF STATE.	
LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION (OR LLC W	WITH TITLE AND RESIDENCE ADDRESS.	
Name of Officer / Director / Member	Title		
Address (number and street)	1		
City, state, and ZIP code		Telephone number ()	
Name of Officer / Director / Member	Title		
Address (number and street)	1		
City, state, and ZIP code		Telephone number ()	
Name of Officer / Director / Member	Title	<u> </u>	
Address (number and street)	1		
City, state, and ZIP code		Telephone number	
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 (number and street)		
City, state, and ZIP code		Telephone number
Name	Title	
Address (number and street)		
City, state, and ZIP code		Telephone number
Name	Title	
Address (number and street)		
City, state, and ZIP code		Telephone number
Attach an additional sheet if necessary.		
REFERENCES		
Give three (3) names and addresses of references as to your "financial responsibility representative of a financial institution. Reference letters on business letterhead are		
Name of individual	Title	
Address (number and street)	•	
City, state, and ZIP code		Telephone number ()
Name of individual	Title	
Address (number and street)		
City, state, and ZIP code		Telephone number ()
Name of individual	Title	
Address (number and street)		
City, state, and ZIP code		Telephone number
INDIANA BRANCH INFORMA	TION	
Address of each Indiana branch location		Number of Branches:
Address (number and street)		1
City, state, and ZIP code		Telephone number
Address (number and street)		
City, state, and ZIP code		Telephone number
Address (number and street)		1 \ /
City, state, and ZIP code		Telephone number
Attach an additional sheet if necessary.		

GENERAL INFORMATION			
1.	If a corporation, provide a copy of your certificate of authority from the Ir	ndiana Secretary of State.	
2.	Provide your Indiana business plan. Include full details of all fees that may be charged to customers for small loans, and the complete terms of your small loans.		
3.	Will you operate any other type of business at the same location where y	ou will make small loans? Yes No	
	If Yes, persons who wish to make small loans under IC 24-4.5-7 within an office, suite, room, or place of business where another business is solicited or engaged must obtain a written opinion from the director of the department that the other business would not be contrary to the best interests of consumers. Attach full details of all activities conducted at any of your Indiana locations other than making small loans.		
4.	4. (a) Attach a list of other states where the applicant or any affiliated company operates as, or did operate as, or is licensed or regulated as, 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 dates licensed.		
	(b) Attach a letter of good standing, or equivalent, from all state regulators	s for the states where you are currently making loans.	
5.	5. 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, and/or cease and desist orders? Yes No If yes, attach full details.		
6.	Do you agree to keep a separate set of books and records to be used on	ly for the lending business? Yes No	
7.	Attach a detailed explanation of the following:		
	a. How initial loans and consecutive loans will be made. Provide full details of each type.		
	b. Estimated average loan.		
	c. Will you retain servicing on the loans? Yes No If No, who will be servicing?		
	 d. Identify the software the applicant proposes to use for disclosure and/or recordkeeping. Please indicate the level of integration with the Catalis database (https://catalis.gov.com). 		
8.	Who will manage the business?		
Applicant must show a minimum two (2) years finance-related experience for anyone who will be managing an Indiana location.			
ACKNOWLEDGMENT			
The applicant executed this application on and acknowledges that all statements made herein and on supporting schedules, to the best of my/our knowledge and belief, are true and complete statements in accordance with the law. Intentionally providing false information will terminate the application process and will subject the licensee to revocation if false information is substantiated after issuance, IC 24-4.5- 3-504.			
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 ADDITIONAL SHEETS AS NECESSARY.			
Ву		Title	
Ву		Title	

SMALL LOAN INFORMATION 1. Has applicant or related principals of corporation, partnership or limited liability corporation arranged for loans for an out of state bank? Yes No If Yes, attach full details including when relationship with out of state bank was terminated. 2. Has applicant and /or all owners, officers, members, or directors been involved in any type of transactions outlined in IC 24-4.5-7-102(2)(c), or 7-410(f)? Attach full details. 3. Attach an explanation with complete details as to how you will comply with the requirement to verify a customer's monthly gross income. See IC 24-4.5-7-110 and 7-402. 4. Attach an explanation as to how will you determine if an account is "paid in full"? 5. Are you aware that you must input each customer's Social Security Number into the Catalis database (see IC 24-4.5-7-404)? ☐ Yes ☐ No How will you verify the customer's Social Security Number? Attach full details. 6. In addition to the loan finance charge, what other charges will you assess the customer? Attach a full explanation. 7. In addition to the customer's check, what other security will you use? 8. How will you comply with IC 24-4.5-7-404, Limitation of Loans? Attach an explanation. 9. Attach full details as to how you will collect accounts if the customer's check is returned due to insufficient funds. 10. How will the customer's check be endorsed? Attach an explanation. 11. Have you read Small Loan Chapter 7 Sections: 406, Limitations on Default Charges; 409, Applicability; and 410, Limitations? Yes No Do you have any questions concerning these sections? Yes No If Yes, attach full written details. 12. Attach a history and full details of any material litigation and/or criminal convictions for five (5) years preceding the date of application for any owner, partner, corporate officer, limited liability member, or branch manager. 13. Will you be regularly engaged in making consumer loans other than small loans? Yes No If yes, attach full written details. If yes, a separate license is required.

SMALL LOAN LICENSE APPLICATION CHECKLIST

CHECK HERE	THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION
	Small Loan License Application Fee - \$2,000 plus \$750 for each branch location in Indiana after the first location. Make check payable to the Department of Financial Institutions. Maximum fee is \$10,000.
	If a corporation, a copy of Certificate of Authority to do business in Indiana from the Secretary of State.
	If a D/B/A name will be used, provide the assumed name certificate from the Indiana county recorder for each Indiana location if a sole proprietorship or partnership; or Indiana Secretary of State for a corporation or LLC.
	Indiana business plan that includes the information discussed in p. 6 item 2.
	Persons who wish to make small loans under IC 24-4.5-7 within an office, suite, room, or place of business where another business is solicited or engaged must obtain a written opinion from the director of the department that the other business would not be contrary to the best interests of consumers. This information must be included with your application.
	List of other states where operating as a lender
	Letter of good standing, or equivalent, from each state lender regulator, if applicable.
	Business résumés for the managers, owners, partners, and all officers, as applicable
	Surety Bond required and power of attorney (IC 24-4.5-7-413).
	CPA prepared reviewed or audited financial statements, or most recent 10K filing with the Securities and Exchange Commission, with minimum \$100,000 net worth and \$50,000 in liquid assets.
	Criminal background check, based on fingerprints (for all officers, members, partners, owners, and Indiana managers). For information on the background check process, please visit our website at https://www.in.gov/dfi/2786.htm .
	Credit report for the entity applicant.
	Three reference letters, including one from a financial institution representative.
	Sample loan application.
	A completed example initial small loan agreement and consecutive small loan agreement.
	Borrower's rights and responsibilities pamphlet required under IC 24-4.5-7-301(4).
	Extended payment plan disclosure required under IC 24-4.5-7-401(3).
	Sample extended payment plan agreement under IC 24-4.5-7-401(4).
	Military covered borrower form (not specifically required under IC 24-4.5 but authority provided under IC 24-4.5-1-102(7)).
	Detailed information and attachments requested on Page 5 of the application.
	Detailed information and attachments requested on Page 6 of the application.

Check each item required to accompany the application to make sure your application is complete.



Bond Number,	Amount \$	
KNOW ALL PERSONS I	BY THESE PRESENTS, that	we,
(applica	cant/licensee name)	
of the City of	_, County of	, State of
as principal and obli	gor, and	, as Surety,
are held and firmly bound unto the State of Indiana,		
in the penal sum of \$for the		
fees levied by the DFI, and for any and all expenses final judgment or order and that are not promptly pa	aid by the Principal, and for los	sses or damages which are
determined by the DFI to have been incurred by an to faithfully comply with the provisions of Indiana law	•	•
Consumer Credit Code (IUCCC) Statute, IC 24-4.5	et seq. and amendments the	reto, or any rule or regulation
lawfully adopted under said statute, for payment of and each of our heirs, executors, administrators, su presents.		•

WHEREAS, Principal is applying to become a licensed Small Loan Lender pursuant to IC 24-4.5-7, and seeks to establish, meet, and maintain the financial responsibility requirements of the DFI during the term of the subject license by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the above bonded Principal will faithfully conform to and abide by the provisions of all applicable law, including applicable provisions of the IUCCC, as well as any rules and regulations lawfully adopted thereunder, and shall pay any and all amounts which become due or owed thereunder, then this obligation is null and void, but otherwise to remain in full force and effect.

PROVIDED that the Surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that this bond shall remain effective continuously until released by the DFI. The surety shall have the right to terminate or reduce its liability hereunder only by giving the Principal and the DFI written notice of such termination via certified mail to the State of Indiana, Department of Financial Institutions, at least thirty (30) days prior to the effective date of such termination; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the DFI indicating that the surety desires to continue as surety for the licensee and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

		or, if left blank, the day of execution by	
•	f the bond. The bond shall be effe	ctive, if accepted by the DFI, without further	
notice.			
IN WITNESS WHEREOF we have	e duly executed the foregoing oblig	ration this	
	e daily executed the foregoing oblig	ation triis	
day 01			
	LICENSEE		
	Name of licensee		
	Signature		
[Corporate Seal] (If Any)	Date signed (month, day, year)		
[]			
	Printed Name		
	Title		
Surety Must Attach Power of Attorne	-		
	Name of surety		
	Signature		
	Data since di Grandha dan cara		
[SURETY SEAL]	Date signed (month, day, year)		
	Printed Name		
	Telephone number ()		
Surety representative to contact in the e	vent a claim must be filed		
Name of surety representative		Telephone number ()	
Address (number and street, city, state, and	ZIP code)	()	
Address (number and street, city, state, and	211 code)		