STATE OF MAINE

BUREAU OF CONSUMER CREDIT PROTECTION

### 35 STATE HOUSE STATION

### AUGUSTA, ME 04333-0035

TELEPHONE: (207) 624-8527 FAX: (207) 582-7699

www.Credit.Maine.gov

## MAINE LOAN SERVICER REGISTRATION

## NEW BRANCH APPLICATION FORM

#### FOR OFFICE USE ONLY

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CHECK [ ] CREDIT CARD [ ]

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of the Maine Consumer Credit Code, this notification is hereby filed with the Superintendent of the Bureau of Consumer Credit Protection. This form must be filed and approved before the company begins conducting business in Maine. Once on file, the applicant will receive a short renewal form due each January 31st.

1. **LEGAL NAME OF COMPANY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **“DOING BUSINESS AS” OR OTHER TRADE NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **MAILING ADDRESS:**

(The mailing address provided is typically the same as the mailing address for the corporate location of the company, otherwise known as the central or main location. The mailing address on file is where the renewal application will be sent.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PHYSICAL LOCATION (STREET ADDRESS) OF BRANCH OFFICE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **NAME AND CONTACT INFORMATION OF BRANCH MANAGER:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RECORDS:**

If records for this branch will not be maintained as they are in the corporate office, please attach a description of the recordkeeping plan for this branch office. For example, please describe how the records will be stored (electronically or paper files), the location where the records will be stored, how the company will ensure that confidential information is secure and how long the company plans to retain files.

1. **FEES DUE:**

APPLICATION FEE (Branch Office) $ \_\_\_\_\_\_\_\_\_\_\_10.00\_\_\_\_\_\_\_\_\_\_

**\* CERTIFICATION \***

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Typed or Printed Legibly

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN WITH PROPER FEES PAYABLE TO:**

**Bureau of Consumer Credit Protection**

**Regular Mail (United States Postal Service): 35 State House Station, Augusta, ME 04333-0035**

**Physical Location (i.e. using overnight service): 76 Northern Ave, Gardiner, ME 04345**

Maine law (5 M.R.S.A. §130) requires assessment of $20 for any check returned for insufficient funds.

##### *NOTICE REGARDING PUBLIC INFORMATION*

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except Social Security numbers, non-public business or financial information and information about products not yet released to the public) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, the company name, license number, mailing address and other information listed on this application may be posted on the State’s website.