FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD[ ] CHECK #: \_\_\_\_\_\_\_\_\_\_\_\_

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

DATA ENTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of 32 M.R.S. ch. 80-A,

the Debt Management ServicesAct, application is hereby

made to provide debt management services to Maine consumers.

1. **Full Trade Name (Including D/B/A):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Physical Address**:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:**

**Website:**

1. **Mailing Address**:

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

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1. List the location of all exchange facilitator records that are **not** stored at the above location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Business Type** (Please Attach Separate Sheets as Necessary):

[ ]  Sole Proprietorship (List name of proprietor)

[ ]  Partnership (List Partners)

[ ]  Corporation

[ ]  LLC

[ ]  LLP (List Partners)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information on Individuals:** On a separate piece of paper, list the names(s), address(s) and social security number(s) of (as applicable) the sole proprietor, the partners, or the top five (5) corporate officers, LLC shareholders or LLP Partners.
2. **Résumés:** Provide copies of résumés of:
	1. A sole proprietor;
	2. The executive officers of a corporate applicant;
	3. The manager of an LLC or LLP;
	4. All partners of a partnership; and
	5. The person who will oversee the daily operations of the registered office and its personnel.
3. Has any individual listed under item #5 or in the same capacity with the parent corporation been convicted of a violation of the statutes of this state or any other state or served as a proprietor, partner, officer, director or employee of any organization which has had its license revoked or suspended under these statutes during the term of service of the individual?

[ ]  YES [ ]  NO

**If answered “YES” furnish details on separate sheet.**

1. **CORPORATIONs, LLCs or LLPs** (if applicable).
	1. Name and address of Designated Agent upon whom service of process may be made in this state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Enclose a copy of Articles of Incorporation and By-laws or other formative documents.
	3. Federal I.D. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Provide evidence of counselor certification. (Within twelve months of employment of a debt counselor, debt management service provider must provide evidence that the counselor has been certified by completing a course approved by the administrator, per 32 MRS § 6174-B(1).
3. Provide a sample of the Company’s consumer education program or plan that seeks to improve the financial literacy of consumers, pursuant to the requirements of 32 MRS § 6174-B(2).
4. On a separate page, provide a copy of your company’s complete schedule of fees, as regulated by the fee caps found in 32 MRS § 6174-A.
5. A $50,000 surety bond must accompany each application. Have your bonding or insurance company complete the enclosed bond form and submit the completed form with this application. Make certain that the bond is effective at least until December 31st of the year for which you are applying.
6. Attach a financial statement and any other information necessary to substantiate financial soundness pursuant to 32 MRS § 6173(2).
7. Identify the financial institution which will maintain the trust account used for deposit of consumers' funds, and provide the account number:

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

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1. Provide a copy of a sample written contract to be used by your company (a sample contract that meets the law's requirements is enclosed with this registration package).
2. Does the applicant market its services directly to consumers, or does it accept referrals from other companies? [ ]  YES [ ]  NO

If YES, on a separate page list the names, addresses and telephone numbers of each such company, and also indicate the nature of any business relationships or affiliations between each such company and your company.

1. Provide a copy of a sample periodic written report to a consumer, of the type to be used by your company, accounting for funds received from the consumer and disbursements made to creditors.
2. Include the names, titles, mailing addresses, telephone numbers and e-mail addresses of the persons to contact for:

Scheduling of Compliance Examinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Complaint Resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPLICATION FEE**: Your license will be valid for up to 1 year. The application fee is $500.00 for the first licensed location, and $250 for each additional branch office. Make check payable to “Treasurer, State of Maine.”

Maine law [5 M.R.S. §130 (1991)] requires assessment of $20.00 for any check returned by your bank for insufficient funds.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FOLLOWING INITIAL REGISTRATION,

APPLICATIONS MUST BE RECEIVED

 **ON OR BEFORE DECEMBER 1ST OF EACH YEAR**

TO APPLY TO CONDUCT BUSINESS BEGINNING JANUARY 1ST OF THE FOLLOWING YEAR

ADDRESSED AS FOLLOWS:

|  |  |
| --- | --- |
| **US Postal Service MAIL:**BUREAU OF CONSUMER CREDIT PROTECTION35 STATE HOUSE STATIONAUGUSTA, ME 04333-0035 | **OVERNIGHT OR EXPRESS MAIL (other Currier):**BUREAU OF CONSUMER CREDIT PROTECTION76 NORTHERN AVENUEGARDINER ME 04345 |

**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 your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website.