**FORECLOSURE PURCHASER LICENSE APPLICATION**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

***FOR OFFICE USE ONLY***

DATE APPLICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CASH [ ] CC [ ] CHECK [ ] CHECK #:\_\_\_\_\_\_\_\_\_\_\_\_

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

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

#### AUGUSTA, MAINE 04333-0035

 **(207) 624-8527**

In accordance with the provisions of 32 MRS §§ 6191-6200, “the Maine Foreclosure Purchasers Act,” application is hereby made for a license to acquire foreclosure reconveyances as a “foreclosure purchaser”.

1. **FULL TRADE NAME (and any DBAs): \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TELEPHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **FEDERAL ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **RECORDS LOCATION**: List the location of all foreclosure purchase records that are **not** stored at the above location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3A. **CONTACT PERSONS**: Include the names, titles, addresses and telephone numbers of the following persons to contact for:

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

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

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

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

4. **BUSINESS INFORMATION** (please attach separate sheets as necessary):

 A. Type:

 [ ] Sole Proprietorship (List Name of Proprietor)

 [ ] Partnership (List Partners)

 [ ] Corporation

 [ ] LLC

 [ ] LLP (List Partners)

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

B. 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.

C. Provide résumés, as applicable, of:

1. A sole proprietor;

2. The executive officers of a corporate applicant;

3. The manager(s) of an LLC or LLP;

4. All partners of a partnership;

5. The individual(s) who will oversee the daily operations of the registered office and its personnel; and

6. Any controlling person.

 D. Corporations, LLCs or LLPs (if applicable):

1. Date of registration in Maine as a foreign corporation (enclose copy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name and address of Designated Agent upon whom service of process may be made in this state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name and address of Parent Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Enclose a copy of Articles of Incorporation and By-laws or other formative documents.

1. **CONVICTIONS**: Has any individual listed under 4(A),(B),(C), or in the same capacity with the parent corporation, been convicted of a violation of financial services 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 those statutes during the term of service of the individual? [ ]  YES [ ]  NO

If answered “YES” furnish details on separate sheet.

1. **OFFICERS OF EXISTING LICENSEES**: Has any individual listed under Section 4(A) or 4(B) served as a proprietor, partner, officer, director or employee of any other company which has been, or is presently licensed under the financial services statutes of this state or any other state? [ ]  YES [ ]  NO

If answered “YES” furnish details on separate sheet.

1. **FINANCIAL STATEMENT**: Attach a sworn financial statement and any other information necessary to substantiate the availability of at least $25,000 in net assets for the operation of each licensed location. (Upon the issuance of a license, each licensee must maintain net assets of at least $25,000 which are either used or readily available for use in the conduct of the business of each office of the licensee in which Foreclosure Purchases are made.)
2. **BOND**: Attach a duly executed bond in the amount of $50,000, using the form included in the licensing package, for each office location.

9. **QUALITY CONTROL PROGRAM**: Include a copy of your company’s Quality Control Program.

10. **SAMPLE FORMS:** Please provide blank samples of each form that you intend to use in the conduct of your business. These may include a contract for deed, a land installment contract, a bond for deed, a purchase agreement, an option to purchase, or a lease or other types if contracts.

11. **ASSIGNEES**: If the applicant assigns or may assign any contracts to another company or companies, complete the following (please attach separate sheets if necessary):

 **NAMES & ADDRESSES OF COMPANIES TO ASSIGNEE’S TOLL-FREE NUMBER OR OTHER**

 **WHICH CONTRACTS ARE SOLD OR ASSIGNED NUMBER CONSUMERS MAY USE AT NO COST**

12. **APPLICATION FEE**: The application fee is $250 for the first licensed location, and $100 for each additional licensed location. Make check payable to, “Treasurer, State of Maine.”

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

(If a corporation, affix

Corporate seal here) By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

 Personally, appeared the above-named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and made oath to the truth of the statements,

 Before me,

 Notary Public/Justice of the Peace

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

PLEASE MAIL YOUR APPLICATION ADDRESSED AS FOLLOWS:

**REGULAR U.S. MAIL**: **EXPRESS (PRIVATE) MAIL**:

STATE OF MAINE STATE OF MAINE

BUREAU OF CONSUMER PROTECTION BUREAU OF CONSUMER CREDIT PROTECTION

35 STATE HOUSE STATION 76 NORTHERN AVENUE

AUGUSTA, ME 04333-0035 GARDINER, 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.