

STATE OF NEVADA  
DEPARTMENT OF COMMERCE  
FINANCIAL INSTITUTIONS DIVISION  
P.O. Box 3239  
Carson City, NV 89702  
(775) 687-5522

**APPLICATION FOR COLLECTION AGENCY BRANCH LICENSE**  
(Corporation / LLC / Partnership / Sole Proprietors)

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Please type the following information. Complete all questions using additional sheets, if necessary.

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Date \_\_\_\_\_, 20\_\_\_\_

1. Name of applicant \_\_\_\_\_

2. Trade name or style to be used by proposed agency \_\_\_\_\_

\_\_\_\_\_

3. Business address of location \_\_\_\_\_

\_\_\_\_\_

4. Nearest competition by another licensee \_\_\_\_\_

\_\_\_\_\_

5. Proposed hours of operation: From \_\_\_\_\_ To \_\_\_\_\_,

\_\_\_\_\_ days per week.

6. Name and address of agency manager \_\_\_\_\_

\_\_\_\_\_

7. List any other persons participating in management of the agency.

\_\_\_\_\_

\_\_\_\_\_

8. Location and identity of all bank accounts to be maintained by the  
agency. \_\_\_\_\_

\_\_\_\_\_

9. Has applicant ever been licensed in this or any other state to do a collection agency business? \_\_\_\_\_. If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

10. Has applicant ever:

(a) Been refused a collection agency license? \_\_\_\_\_

(b) Had a collection agency license revoked? \_\_\_\_\_

(c) Had a collection agency license suspended? \_\_\_\_\_

(d) Filed a voluntary or involuntary petition of bankruptcy? \_\_\_\_\_

(e) Made any assignment for the benefit of creditors? \_\_\_\_\_

{IF ANSWER TO a, b, c, d, or e, IS YES, GIVE COMPLETE DETAILS ON ADDITIONAL SHEET.}

11. Attach a detailed statement showing convenience and advantage to the community.

(a) Anticipated number of employees at end of first year \_\_\_\_\_

(b) Size of office space \_\_\_\_\_

(c) Anticipated gross profits first year \_\_\_\_\_

(d) Anticipated gross expenses first year \_\_\_\_\_

(e) Anticipated dollar volume of accounts to be assigned first year \_\_\_\_\_

12. Attach a financial statement of applicant, dated within three months of this application, which is in sufficient detail to afford adequate analysis.

13. Attach a certified copy of the Articles of Incorporation of the application, with evidence of good standing in the State of Nevada.

14. Attach a list of all Principals, Partners, Managers, Members, Directors and Officers who owns 25% or more of the company, or if a corporation, 25% or more of voting stock of the corporation.

15. Enclose a check for \$190 payable to the State of Nevada NON REFUNDABLE, for the investigation fee.

16. Submit a bond on the form provided.

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PLEASE READ TO FOLLOWING STATEMENT CAREFULLY BEFORE EXECUTING THIS APPLICATION.
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I, \_\_\_\_\_, of the \_\_\_\_\_
Name and Title of Officer Name of Company

\_\_\_\_\_, specifically understand that any misrepresentation, false statement, fraud in, or in connection with this application shall be cause for denial of a license or suspension or revocation of any license that may now or hereafter be issued, and hereby waive any defense based on a statute of limitations should a hearing based on irregularities in this application ever be held by the Financial Institutions Division.

By signing and filing this application, I authorize any person or institution to whom reference is made to release or divulge to the Financial Institutions Division any information in the possession of such person or institution regarding said applicant. The Financial Institutions Division is authorized to go outside of this application for information as to the applicant's trustworthiness, competency and other qualifications.

(Corporate Seal)

\_\_\_\_\_
Name of Applicant

Attested:

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

Secretary

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

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THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.
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STATE OF \_\_\_\_\_ )

) SS

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn says that he is the applicant herein; that he is making this application on behalf of said applicant; that he has read the foregoing applicant and knows the contents

Thereof and that the same is true to the best of his knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

\_\_\_\_\_ County, State of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public