



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING
1830 E. COLLEGE PKWY, STE 100
CARSON CITY, NV 89706

Phone: (775) 684-2970
Fax: (775) 684-2977
<http://www.fid.nv.gov>

Documents Received On

Financial Institutions Application for Licensing/Registration – Earned Wage Access Provider

Type of Services

- Employer-Integrated Direct to Consumer Both

1. Applicant Information

Legal name of Applicant

DBA, trade or assumed name(s) (different from above)

2. Principal business address (do not use a P.O. Box).

Address Line 1

Address Line 2

City

State

Zip Code

Web Site Address

Primary Phone Number

Toll Free Phone Number

Fax Number

3. Physical address of location where official books and records will be kept.

Address Line 1

Address Line 2

City

State

Zip Code

4. Contact person authorized to respond to registration and renewal inquiries.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

5. Contact person authorized to respond to consumer complaints.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

6. Contact person authorized to respond to examination.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

Complete the following for each Officer, Director, Managing Partner, Managing Member, Trustee, Manager or Employee or Agent authorized to have access to trust accounts, and any individual who holds outstanding stock of either the applicant corporation, or its parent corporation.

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Primary Officers or Members

President

Vice President

Secretary

Treasurer

Check One:

- Corporation Limited Liability Company Partnership Limited Partnership Sole Proprietor
 Other (describe) _____

Corporations or Limited Liability Companies:

Not-for-Profit Company: Yes No

State of Incorporation or Organization

Date of Incorporation or Organization

Nevada Registered Agent for Service of Process:

Full Name (Last Name, First Name MI)

Address Line 1

Address Line 2

City

State

Zip Code

Partnerships:

State of Formation

Date of Formation

Type of Partnership: General Limited

Sole Proprietorships:

Full Name of Individual Proprietor (Last Name, First Name MI)

9. Bond:

Bonding Company/Agency

Bond Amount

Agent's Name (First and Last Name)

Agent Phone Number

Name of Agent's Insurance Company

IMPORTANT: Submit current Continuation Certificate or submit written verification from the bonding agency of the Bond Amount and the Bond Expiration Date (If bond is continuous then next payment date must be provided).

10. Length of time applicant has been engaged in non-depository financial services business:

Inside Nevada:

Outside Nevada:

11. Enter appropriate number(s) in the box for each jurisdiction, during the five years immediately preceding the application:

Enter "1" if Applicant or any of its Officers or Directors has a pending application in that jurisdiction.

Enter "2" if Applicant or any of its Officers or Directors is currently licensed/registered in that jurisdiction.

Enter "3" if Applicant or any of its Officers or Directors was formerly licensed/registered in that jurisdiction.

Enter "4" if Applicant or any of its Officers or Directors has provided services to a consumer residing in that jurisdiction.

Alabama		Illinois		Nebraska		South Carolina	
Alaska		Indiana		Nevada		South Dakota	
Arizona		Iowa		New Hampshire		Tennessee	
Arkansas		Kansas		New Jersey		Texas	
California		Kentucky		New Mexico		Utah	
Colorado		Louisiana		New York		Vermont	
Connecticut		Maine		North Carolina		Virginia	
Delaware		Maryland		North Dakota		Washington	
District of Columbia		Massachusetts		Ohio		West Virginia	
Florida		Michigan		Oklahoma		Wisconsin	
Georgia		Minnesota		Oregon		Wyoming	
Guam		Mississippi		Pennsylvania			
Hawaii		Missouri		Puerto Rico			
Idaho		Montana		Rhode Island			

12. Regular Hours of Operation

Sunday	From		To	
Monday	From		To	
Tuesday	From		To	
Wednesday	From		To	
Thursday	From		To	
Friday	From		To	
Saturday	From		To	

13. Business Plan

Provide a brief statement of the activities in which the company will engage, including a general plan and the character of the business, and the anticipated sources of funds.

14. Web Site Service(s)

List all Web Site Address.

Provide a detailed statement of web site activities in which the company will engage, including web services being offered, advertising, loan originations, wire transfer, customer account history and customer security.

15. Cash Flow Statement

CASH FLOW STATEMENT

Income	Projected 1st Year	Projected 2nd Year
	<u>20</u>	<u>20</u>
Interest and Fee Income on Loan		
Commission and Fee Income		
Investment Income		
Other Income		
Gross Profit		
Expense		
Salaries Expense		
Operating Expense		
Taxes Expense		
Other Expense		
Total Expense		
Net Income (Loss)		

16. Amount to be invested in Business.

A) Amount to be invested in business? \$_____ Percentage of ownership this will represent?_____

B) Investment will be financed in the following manner?

C) Last Federal Income Tax Return was filed_____, for year_____

17. Disclosures

A) Has any Federal, State, County, or Local regulatory agency found the Applicant to have made a false statement or omission or been dishonest, unfair or unethical?

NO YES

If yes, please provide details.

B) Does any Federal, State, County or Local regulatory agency have pending litigation or has any Federal, State, County, or Local regulatory agency found the Applicant to have been involved in a litigation of a financial services-related regulation(s) or statute(s) or denied, suspended, or revoked the Applicant's registration or license or prevented it from associating with a financial services-related business or restricted its activities?

NO YES

If yes, please provide details.

C) In the past ten years, has the Applicant been a provider or an affiliate of a provider that has been the subject of a bankruptcy petition?

NO YES

If yes, please provide details.

D) Has a bonding company ever denied, paid out on, or revoked a bond for the Applicant?

NO YES

If yes, please provide details.

E) Does the Applicant have any unsatisfied judgments or liens against it?

NO YES

If yes, please provide details.

F) Has any Officer, Director, Owner, Agent or person authorized to initiate transactions to the trust account, been the subject of any material civil or criminal judgment, litigation, or other administrative or enforcement action by any Federal, State, County, or Local regulatory agency?

NO YES

If yes, please provide details.

18. Additional Information

Present any other information you believe is important to evaluate this applicant. If applicant is involved in the organization that is regulated by State of Nevada Financial Institutions Division, discuss applicant specific involvement.

Please review the Nevada Revised Statutes and Nevada Administrative codes contained in the application package prior to submittal of an application.

You may find it helpful to keep a copy of the application and use the blanks preceding the line numbers as a checklist to track what has been sent to Financial Institutions Division.

The Division has no provision for expediting an application. One may “expedite” the process by making as complete and accurate a submission as possible. One may contact the Division and request fingerprint cards in advance; state how many sets of (3) three cards are needed and provide the address to send them to. Thereafter, when contacted by the Division for additional documentation or clarification and/or corrections please be as prompt, complete, and accurate with the response as possible.

The Commissioner shall consider an application to be withdrawn if the Division has not received all information and fees required to complete the application within (6) six months (except for NRS 669 and 669A which is (12) twelve months) after the date the application is first submitted. If an application is deemed to be withdrawn or if an applicant otherwise withdraws an application, the Commissioner may not issue a license to the applicant unless the applicant submits a new application and pays any required fees.

19. Certification of Application

I, the undersigned, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the Nevada Financial Institutions Division. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature of Applicant _____ Title _____ Date _____

THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

_____, being duly sworn says that he is the applicant herein; or that he is making this application on behalf of said applicant; that he has read the foregoing application 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 _____, 20_

Notary Public

(Notary Seal)