



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) 684-7061  
<http://www.fid.nv.gov>

Documents Received On

**APPLICATION FOR RENEWAL OF LICENSING**  
**RETAIL TRUST COMPANY - NRS CHAPTER 669**

**1. Applicant Information**

Legal name of Applicant

DBA, trade or assumed name(s) (if 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

Primary Phone Number

Toll Free Phone Number

Fax Number

**4. Branch Locations**

Address Line 1

Address Line 2

City

State

Zip Code

Branch Phone Number

Toll Fee Phone Number

Fax Number

**Attach Additional Branch Locations if Necessary**

**5. 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

**6. 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

**7. 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

## 8. Disclosures

A) Has the licensee had any senior management, officer, or structural changes to the Trust within the past year?

NO       YES  
If yes, please provide details.

B) Provide the number of Nevada trust clients and the number of out-of-state trust clients, in order to determine the level of trust activity in Nevada.

Nevada Clients:

Out-of-State Clients:

## 9. Renewal Checklist:

- A.  Annual Licensing Fee. Make check payable to "Nevada Financial Institutions Division"; \$1,500.00
- B.  Current Copy of "Certificate of Good Standing" with the Nevada Secretary of State.
- C.  Current Copy of all Surety, and Fidelity bond(s).
- D.  Provide a copy of the minutes of the board of directors meeting which reflects that annual review of the sufficiency of fidelity bond/insurance coverage, in accordance with NRS 669.240
- E.  Provide complete, audited financial statements for the current Annual Report year ended December 31, which should include the auditor's opinion, notes to the financial statements, etc.

Initial: \_\_\_\_\_ Yes, I require until \_\_\_\_\_ to provide complete, audited statements for the current Annual Report year ended December 31. I am also aware that I am still required to provide annual renewal fee, renewal application and any other required documents by the April 1 due date. Furthermore, this renewal application will not be finalized until financial statements are received and reviewed by the Financial Institution Division CPA.

- F. Provide a copy of the trust bank statement, along with a copy of the account reconciliation, for the month ended December 31 of the current Annual Report year. For the outstanding checks, include: 1) check number, 2) payee, 3) date issued, and 4) amount. A computer print-out of the account reconciliation is preferred. Reconciled cash balance must reasonably agree with cash balance reflected on balance sheet.
- G. Provide a list of all executive officers and board members. Please indicate whether the officer or director was added after the last submitted renewal and include their start date at the institution.

**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).**

You may find it helpful to keep a copy of the renewal application and addendum to track what has been sent to Financial Institutions Division.

The Division has no provision for expediting an application. Completed renewal application, addendum, supporting documents and renewal fee must be received in the Division's Carson City office on or before the expiration date to void reinstatement fee.

Please be advised that any outstanding fees must be paid, and any outstanding issues cleared, prior to License or Registration Renewal.

**10. 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)