



Department of Justice

Office of Consumer Protection

P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

Debt Management Licensing Application

License Fee: \$1,000

A decision on a **complete** application package will be made within 30 days. To ensure that your application is complete, please review and check off each question as you complete it. Failure to file a completed application may result in the delay or denial of your application. Your responses to the questions on this application are continuing in nature. You must promptly notify the Office of Consumer Protection of any circumstance that would cause your answers to change. Please note that "You" refers to any person included as part of this application, including any owners, officers, directors or business entity. *Please type or print clearly in ink.*

Subpart A) General Information

A1. Applicant is a(n): Corporation Unincorporated Association Partnership
 Limited Liability Company Limited Liability Partnership Other

A2. Applicant is a: Profit Corporation Non-Profit Corporation

A3. Name under which applicant will conduct business: _____

A4. Each business address where applicant will conduct business (this business address must be the same on the surety bond):

Street: _____

City: _____ State: _____ Zip Code: _____

A5. Federal Employer ID No.: _____ Telephone No.: _____

Fax No.: _____ Website: _____ E-mail: _____

A6. Name, telephone number and e-mail address of principal contact for licensing and compliance matters:

A7. Name, telephone number and e-mail address of principal contact for consumer complaints:

A8. Name, telephone number and e-mail address of principal contact for the operations manager:

A9. Provide the following information for your Montana agent of service:

Name: _____ Telephone No.: _____

Street: _____

City: _____ State: _____ Zip Code: _____

A10. Address(es) where the books and records of Montana transactions will be maintained:

Street: _____

City: _____ State: _____ Zip Code: _____

A11. Do you hold any other Montana business licenses?

Yes No

If yes, list them: _____

A12. Have you ever had a license denied, suspended or revoked by any unit of this State or any other State?

Yes No

If yes, provide a detailed explanation with the appropriate documentation.

A13. Have you ever been enjoined, punished, fined or investigated for wrongdoing by this State or any other State or the Federal Government?

Yes No

If yes, provide a detailed explanation with the appropriate documentation.

A14. Are you currently under investigation by this State, any other State, or the Federal Government?

Yes No

If yes, provide a detailed explanation with the appropriate documentation.

Subpart B) Organization Structure & Documents

B1. Legal name of applicant:

B2. Full address of applicant's principal office:

Street: _____

City: _____ State: _____ Zip Code: _____

B3. Applicant is organized under the laws of the State of _____

Date of organization: _____

B4. Are you a non-profit?

Yes No

If yes, attach a copies of the following:

Applicant's 501 (c) tax-exempt status from the Internal Revenue Service

Applicant's IRS Form 990 for the past 3 years, as well as the current year, when available.

Include any attachments and schedules.

- B5. Attach a copy of your current by-laws, articles of incorporation or organization, and/or operating agreements, including changes and amendments to each.
- B6. Do you use a d/b/a?
 Yes No
If yes, provide a copy of your d/b/a filing from the Montana Secretary of State.
- B7. Attach a copy of your "Certificate of Good Standing" or "Certificate of Status" from the state in which you are chartered or organized.
- B8. Attach a list of the names, business **and** residence addresses, and telephone numbers of all owners, principals, officers and directors.
- B9. Provide a description of the ownership interest of any officer, director, agent or employee of the applicant in any affiliate or subsidiary of the applicant or any other entity that provides any service to the applicant or any consumer relating to the debt management service business.
- B10. Attach a list of states in which the applicant is registered or licensed to provide debt management services.
- B11. Attach a list of states in which the applicant is engaged in the business of providing debt management services.
- B12. If the applicant is a corporation, provide a detailed description of the applicant's corporate structure, including parent companies, subsidiaries and affiliates.
- B13. Provide evidence of any general liability or fidelity insurance that insures against dishonesty, fraud, theft or other malfeasance on the part of an employee of the applicant.
- B14. Provide a business credit report no older than three months.
- B15. Provide a copy of the report generated by your most recent audit conducted by an independent certified public accountant.
- B16. Provide proof of accreditation that is in compliance with Montana Administrative Rule 23.19.1003.
- B17. Provide a copy of the applicant's plan that ensures that all debt management counselors are certified in compliance with Montana Administrative Rule 23.19.1003.
- B18. Provide a list of all certified counselors, listing how they were certified. Include their phone names if any.
- B19. Provide a list of the names and addresses of each bank or financial institution at which the applicant maintains an operating account(s) and trust account(s) in which customers' funds will be deposited and withdrawn to pay their respective creditors. Provide a copy of the trust account agreements for each bank and account.
- B20. Provide a sample copy of the applicant's debt management services agreement with Montana consumers.
- B21. Provide a list of initial fees (including donations) for services or materials.
- B22. Provide a list of all recurring fees (including donations) for services or materials.

B23. Provide a notarized affirmative statement by the owner or highest ranking corporate official that MCA § 30-14-2004, including 2(c), has been complied with.

Subpart C) Surety Bond

Indicate which of the following you are submitting to show compliance with the surety bond requirement:

- Form OCP-303 Debt Management Licensing Surety Bond
- A continuation certificate extending the term of a bond already in place
- Proof that the bond already in place is continuing in nature