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800 Park Blvd., Suite 200
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IDAHO REGULATED CONSUMER LENDER APPLICATION FORM

TO BE USED FOR FINANCE COMPANIES, WHOLESALE MORTGAGE LENDERS, ASSIGNEES, PAYDAY LENDERS,
TITLE LENDERS
FORM ICC1 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form ICC1 is the Regulated Consumer Lender business Application.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form ICC1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item number being amended.
5. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
6. **SURRENDER / CLOSE**– When an *applicant* decides to cease operations under the license, use the Form ICC1 to notify the Department of Finance by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license document.

B. FILING INSTRUCTIONS

1. **FORMAT** --A fully completed Form ICC1 is required to be submitted when the *applicant* is filing for the first time. Be sure to indicate which type(s) of licenses for which applicant is applying.
 - A. The Execution section must include notarized original manual signature, for the initial Form ICC1 filing.
 - B. Type or print *legibly* all information.
 - C. Use only the current version of Form ICC1 and its Schedules.
2. **ATTACHMENTS** – Provide the following:
 - A. \$350 Application Fee for EACH license type, payable to the Idaho Department of Finance.
 - B. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
 - C. File a Form ICC2 for each **individual** designated on Schedule A or C as a "*control person*", and all branch managers.
 - D. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C.
 - E. If the applicant is a corporation, enclose a copy of the recorded Articles of Incorporation and any By Laws; If the applicant is an LLC, enclose a recorded copy of the Articles of Organization; If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
 - F. Submit a file-stamped copy of an Idaho Secretary of State issued Certificate of Assumed Business Name for each fictitious business name/trade name/doing business as name(s) that the applicant desires to use in Idaho.
 - G. The name, full delivery address, and telephone number of the registered agent for service of legal process. Registered agent must be in Idaho.
 - H. Branch offices need to complete a Form ICC3 Branch Application Form.
 - I. If regulated consumer lending transactions are entered into other than at a licensed office or retail store, attach a description of the manner in which they are entered into (i.e. internet, door-to-door, consumer's home, etc)
 - J. Provide a History of Lending for the applicant entity, the applicant's current credit criteria and policy(s) and identify the credit services/products to be offered in Idaho or to Idaho consumers.
 - K. Submit a detailed resume for each branch manager, containing employer names, addresses, phone numbers, month/year of start/end dates as well as detailed job descriptions/duties. Job titles or lending volumes alone do not meet this requirement.
 - L. Submit a resume for each *individual* listed on Attachment A.
 - M. Submit samples of all forms to be used in the lending process, to include but not be limited to, disclosures such as applicant's privacy policy, compliance with the Patriot Act, those required by Idaho law or those created for applicant's use.

3. **FINANCIAL RESPONSIBILITY** – Submit current *bank statements*, in the name of the applicant entity, dated within 30 days of application. The bank statements must reflect a minimum of \$30,000 in liquid assets *available for the purpose of making loans*. A current bank or depository statement(s), signed by an authorized signer of the depository institution, on depository institution letterhead, may also be submitted for liquidity purposes. **Payday Lender Applicants**-- The bank statements must reflect a minimum of \$30,000 in liquid assets for the main office, to be increased an *additional* \$5,000 for each additional Idaho physical location, up to a maximum of \$75,000. A current bank or depository statement(s), signed by an authorized signer of the depository institution, on depository institution letterhead, may also be submitted for liquidity purposes. The financial responsibility requirements are ongoing in nature.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form ICC1

1. **GENERAL**

APPLICANT – The financial service entity applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. **FOR THE PURPOSE OF ITEM 8**

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate agent or broker, appraiser, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, settlement, cease and desist, suspension, or revocation; but does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an order.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM ICC1

IDAHO CONSUMER LENDER APPLICATION FORM

“Regulated Lender” includes Assignee, Wholesale Mortgage Lenders, Finance Companies, Title Lenders (does NOT include Payday Lending)

“Payday Lender” only authorizes payday lending

1. REGULATED LENDER
 Title Lender? Y N

2. PAYDAY LENDER

Mark appropriate box(es)
 \$350 per license type

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of Idaho and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION SURRENDER AMENDMENT **To amend, circle item(s) being amended.**

1. Exact legal entity full name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*: _____ B. IRS Employer Identification Number _____
 (if sole proprietor, provide last, first and middle name) (Social Security No is allowed for sole proprietorship)

C. List any other name(s) by which the *applicant* conducts or will conduct business in Idaho (refer to directions).

1. Name	2. Name
3. Name	4. Name

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
 applicant name (1A) or business name (1C): _____ (Attach appropriate legal documentation and Idaho Secretary of State filing).

E. Main address: (Do not use a P.O. Box)

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

F. Mailing address, if different:

PO Box or Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

G. Telephone Numbers and Website address:
 Business phone _____ Fax line _____

Area Code _____ Telephone Number _____

Area Code _____ Telephone Number _____

website address #1 _____

website address #2 _____

H. Other than the office in 1E, does the *applicant* conduct business with Idaho consumers through branch offices or other business locations?
 YES NO (Branch offices or other business locations must be licensed. Use Form ICC3.)

I. Contact Employee:

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

J. Branch Manager for this location:

E-mail Address _____ Fax Number _____

Name _____ Area Code _____ Telephone Number _____

Email _____ Fax _____

K. Employee authorized to respond to consumer complaints:

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

L. Physical address of location where the official books and records of the *applicant* will be kept.

E-mail Address _____ Fax Number _____

Organization Name (if different from *applicant*) or Records Custodian Name _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

_____ Date (MM/DD/YYYY) _____ Signature of authorized party _____ Title

Subscribed & Sworn before me _____ by _____
Print Notary Public name Print authorized party name

Notary seal here

on this _____ day of _____, _____ at _____
Month Year State County

_____ Notary Public Signature _____ Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

2. Mark the jurisdictions that applicant is currently applying to or is already licensed in for consumer lending purposes.

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

3. A. Indicate legal status of *applicant*.

- Corporation Sole Proprietorship Other (*specify*) _____
 Partnership Limited Liability Company

B. *Applicant's* fiscal year end (MM/DD): _____

C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

State/Country of formation: _____ Date of formation (MM/DD/YYYY): _____

D. If *applicant* is a publicly traded corporation, please insert stock symbol: _____

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any *person* that is engaged in the business of consumer lending? *If no, go to 4B.* YES NO

(check only one for each relationship, attach additional copies as needed)

This Partnership, Corporation, or Organization _____

Partnership, Corporation, or Organization Name

- controls applicant* *is controlled by applicant* *is under common control with applicant*

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

B. Directly or indirectly, is *applicant controlled* by any of the following? *If no, go to 5.* YES NO

- Bank Holding Company National Bank State Member Bank of the Federal Reserve System
 State Non-Member Bank Savings Association/Savings Bank Credit Union Foreign Bank Thrift Holding Company

Financial Institution Name _____

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A and, if applicable, Schedule B must be completed as part of all initial applications.
 Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

<p>5. Check type(s) of lending related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>A. First mortgage loans B. Second mortgage loans C. Home equity loans, including lines of credit D. Loan Servicing—direct collection of payments E. Loan Servicing—ability to enforce default provisions, but no collection of payments F. Credit insurance G. Unsecured Loans H. Secured Loans—secured by other than real estate—includes auto loans I. Other mortgage products and services (If “yes”, briefly describe below) J. Short Term Title Loans K. Payday Loans</p>	<p>YES</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>6. Will <i>applicant</i> engage in any non-consumer lending-related business? If “yes” briefly describe. _____</p>	<p>YES NO</p> <input type="checkbox"/> <input type="checkbox"/>
<p>7. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If “yes,” provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES NO</p> <input type="checkbox"/> <input type="checkbox"/>
<p>8. If the answer to any of the following is “YES”, provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>	
<p>Criminal Disclosure</p>	
<p>A. Has the <i>applicant</i> or a <i>control affiliate</i> ever been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to any <i>felony</i>?</p>	<p>YES NO</p> <input type="checkbox"/> <input type="checkbox"/>
<p>B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Regulatory Action Disclosure</p>	
<p>C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(5) denied, suspended, or revoked the <i>applicant’s</i> or a <i>control affiliate’s</i> registration or license or otherwise, by <i>order</i>, prevented it from associating with a <i>financial services-related</i> business or restricted its activities?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>D. Has the <i>applicant’s</i> or a <i>control affiliate’s</i> authorization to act as an attorney, accountant, real estate agent or State or federal contractor ever been revoked or suspended?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a “yes” answer to any part of 8C?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Civil Judicial Disclosure</p>	
<p>F. (1) Has any domestic or foreign court:</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i>?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a “yes” answer to any part of 8F(1)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Financial Disclosure</p>	
<p>G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a consumer finance lender or a <i>control affiliate</i> of a consumer finance lender or a mortgage broker that has been the subject of a bankruptcy petition?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i>?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

<p style="text-align: center;">Schedule B INDIRECT OWNERS (Answer for Form ICC1 Item 4)</p>	Applicant full legal name: _____ Date: _____	
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1. Use Schedule B only in new applications to provide information on the **indirect** owners of the *applicant*. Use Schedule A in new applications to provide information on **direct** owners. File all amendments on Schedule C. **Complete each column.**

2. With respect to each owner listed on Schedule A, (except individual owners), list below:

- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation; For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
- (b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (d) in the case of an owner that is a trust, the trust and each trustee; and
- (e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.

3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.

4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).

5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME <small>(Individuals: Last Name, First Name, Middle Name)</small>	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					

Schedule C
AMENDMENTS TO
SCHEDULES A & B
 (Amendments to answers for
 Form ICC1 Item 4)

Applicant full legal name: _____

Effective Date: _____

1. This Schedule is used to amend Schedules A and B of Form ICC1. Refer to those schedules for specific instructions for completing this Schedule C. **Complete each column.**

2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same person).

3. **List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Attach additional pages if needed						

4. **List below all changes to Schedule B (INDIRECT OWNERS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	



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800 Park Blvd., Suite 200
Boise, Idaho 83712

IDAHO CONTROL PERSONS INFORMATION FORM ICC2 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

7. **FILING** – Form ICC2 must accompany Form ICC1, the Regulated Consumer Lender Application form. Each individual, identified as a *control person* for the *applicant* on Schedule A, must complete Form ICC2.
8. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
9. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
10. **AMENDMENTS** – The *applicant* must update information about a *control person* as required in each applicable *jurisdiction* by submitting amendments using Form ICC2 in addition to Schedule C of Form ICC1. On Form ICC2, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *control person*. Idaho does not have additional fees for amendment filings.

B. FILING INSTRUCTIONS

- A. Each individual identified as a *control person* on Schedules A or C must complete Form ICC2. A fully completed Form ICC2 for each *control person* is required to be submitted to each *jurisdiction* along with the *applicant's* initial Form ICC1. Form ICC2 accompanies Schedule C when reporting new *control person(s)*.
- B. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
- C. The Acknowledgment & Consent section must include notarized original manual signature.
- D. The Consumer Lender Employment Representation section must include original manual signature and notary.
- E. Type or print *legibly* all information.
- F. Use only the current version of Form ICC2.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form ICC2

1. GENERAL

APPLICANT – The finance entity applying on or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named on Form ICC1 in Item 1A or in Schedules A, B or C, that directly or indirectly exercises *control* over the *applicant*.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 6

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate sales agent or broker, appraiser, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, settlement, cease and desist, suspension, or revocation; but does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an order.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM ICC2

**CONTROL PERSONS INFORMATION
IDAHO CONSUMER LENDER APPLICATION FORM**

Applicant full legal name: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of Idaho and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

APPLICATION AMENDMENT (To amend, circle items being amended.)

1. Individual's identifying information:

A. Full last, first and middle names:

Last name First name Full middle name Suffix

B. (1) Social Security Number: _____

(2) Gender: Male Female

C. (1) Date of Birth (MM/DD/YYYY) _____

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name 2. Name 3. Name 4. Name

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name First name Full middle name Suffix

F. Office of Employment address: (Do not use a P.O. Box) If this address is your private residence, check this box.

Number and Street City State/Country Zip+4/Postal Code

G. Current Residence address, if different:

Number and Street City State/Country Zip+4/Postal Code

H. Telephone Numbers and e-mail address:

Business phone Fax line

Area Code Telephone Number Area Code Telephone Number

Cell phone

Area Code Telephone Number e-mail address

CONTROL PERSON'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other person to furnish to any jurisdiction, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination.

Date (MM/DD/YYYY) Signature of Control Person

Signed or attested before me _____ by _____
Print Notary Public name Print Control Person name

Notary seal here

on this _____ day of _____, _____ at _____
Month Year State County

Notary Public Signature Notary Appointment Expires (MM/DD/YYYY)

CONSUMERLENDER EMPLOYMENT REPRESENTATION

To the best of my knowledge and belief, the control person is currently bonded where required, and, at the time of approval, will be familiar with the statutes, regulations, and rules of the jurisdiction(s) with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the control person an opportunity to review the information contained herein and the control person has approved this information and signed the form.

Date (MM/DD/YYYY) Name of Consumer Lender (company)

By: _____

Signature of authorized party

Print Name

Title

Acknowledgment & Consent and Employment Representation sections must always be completed in full with original, manual signatures and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

Individual's full legal name: _____

2. Fingerprint Information filing representation:
 I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.
 Fingerprint Card Barcode(s): _____
 XX I am applying as a control person only in jurisdiction(s) that do not require me to submit fingerprint card(s). **Not required in IDAHO at this time.**

3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-*financial services-related* activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is *financial services-related*; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)

Details: _____

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.

Financial Disclosure	YES	NO
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A. Within the past ten years:

(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?

(2) based upon events that occurred while you exercised *control* over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?

B. Has a bonding company ever denied, paid out on, or revoked a bond for you?

C. Do you have any unsatisfied judgments or liens against you?



Mail:
Idaho Department of Finance
P.O. Box 83720
Boise, Idaho 83720-0031
208/332-8000

Overnight:
Idaho Department of Finance
800 Park Blvd., Ste 200
Boise, Idaho 83712

IDAHO REGULATED CONSUMER LENDER BRANCH OFFICE APPLICATION FORM
TO BE USED FOR BOTH IN-STATE AND OUT-OF-STATE LOCATIONS

FORM ICC3 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

11. **FILING** – Form ICC3 is the Branch Office form accompanying the Form ICC1-Regulated Consumer Lender Application form. An *applicant* for a Regulated Consumer Lender license may apply for a branch office simultaneously with the ICC1 or at a later date.
12. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
13. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
14. **AMENDMENTS** – The *applicant* must update information about a branch office by submitting amendments using Form ICC3. When filing an amendment, check the “amendment” box on line 1, provide the *applicant* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 6a or 7 through 14. Return the original license document when submitting the amended Form ICC3.
15. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form ICC1 (company's main office) as the contact employee will be contacted if needed, about this branch form ICC3.
16. **SURRENDER / CLOSE**– When an *applicant* decides to cease operations under the license, at one or more branches, use the Form ICC3 to notify the Department of Finance by checking the “surrender” box and completing only items 2, and 7. Send the original license document along with the Form ICC3 to surrender. Use the Form ICC1 to notify the Department if the entire company will cease operations under the license.

B. FILING INSTRUCTIONS

2. FORMAT

- A. Form ICC3 may accompany a new company filing on Form ICC1, or may follow the Form ICC1 later. A fully completed Form ICC3 for each location (unless multiple locations are submitted simultaneously) must be submitted to the Department of Finance when the *applicant* is filing for a branch license.
- B. The Execution section must include notarized original manual signature and notary for the initial Form ICC3 filing for each branch office.
- C. Type or print *legibly* all information.
- D. Use only the current version of Form ICC3.

3. ATTACHMENTS

- A. \$350 Application Fee per location, per license type, payable to the Idaho Department of Finance
- A. File a Form ICC2 for each branch manager identified in item 6 and submit a detailed resume, containing employer names, addresses, phone numbers, month/year of start/end dates as well as detailed job descriptions/duties. Job titles or lending volumes alone do not meet this requirement.
- B. Submit a file-stamped copy of an Idaho Secretary of State issued Certificate of Assumed Business Name for each fictitious business name/trade name/doing business as name(s) that the applicant desires to use in Idaho, if not already of record.
- C. **FINANCIAL RESPONSIBILITY** –Submit current *bank statements*, in the name of the applicant entity, dated within 30 days of application. The bank statements must reflect a minimum of \$30,000 in liquid assets *available for the purpose of making loans*. A current bank or depository statement(s), signed by an authorized signer of the depository institution, on depository institution letterhead, may also be submitted for liquidity purposes. Payday Lender Applicants-- The bank statements must reflect a minimum of \$30,000 in liquid assets for the main office, to be increased an *additional* \$5,000 for each additional Idaho physical location, up to a maximum of \$75,000. A current bank or depository statement(s), signed by an authorized signer of the depository institution, on depository institution letterhead, may also be submitted for liquidity purposes. The financial responsibility requirements are ongoing in nature.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form ICC3

APPLICANT – The finance entity applying on or amending information on this form for a branch license/registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate agent or broker, appraiser, closing agent, title company, or escrow agent).

PERSON – An individual, partnership, corporation, trust, or other organization.

**FORM ICC3
(Branch)**

IDAHO CONSUMER LENDER BRANCH OFFICE FORM

*“Regulated Lender” includes Assignee, Wholesale Mortgage Lenders,
Finance Companies, Title Lenders*

“Payday Lender” only authorizes payday lending

Applicant full legal name: _____

Regulated Lender

Title Lender Y N

Payday Lender

Mark appropriate box(es)
\$350 per license type/per
location

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of Idaho and may result in disciplinary, administrative, injunctive or criminal action.

1.	NEW BRANCH APPLICATION <input type="checkbox"/>	SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>
2.	<hr/> Physical address (Number and Street) <hr/> <hr/> Physical City, State/Country, Zip+4/Postal Code	2a.	<hr/> NEW Physical address (Number and Street) <hr/> <hr/> NEW Physical City, State/Country, Zip+4/Postal Code
3.	<hr/> Mailing address or P.O. Box (if applicable) <hr/> <hr/> Mailing address City, State/Country, Zip+4/Postal Code	3a.	<hr/> NEW Mailing address or P.O. Box (if applicable) <hr/> <hr/> NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	<hr/> Business (Area Code) and Telephone Number <hr/> <hr/> Fax (Area Code) and Number <hr/> <hr/> Branch e-mail	4a.	<hr/> NEW Business (Area Code) and Telephone Number <hr/> <hr/> NEW Fax (Area Code) and Number <hr/> <hr/> NEW Branch e-mail

	<hr/> Branch website		<hr/> NEW Branch website
5.	<hr/> Trade name or "dba" used at this branch	5a.	<hr/> NEW Trade name or "dba" used at this branch
6.	<hr/> Branch Manager Name <hr/> Supervisor Name	6a.	<hr/> NEW Branch Manager Name <hr/> NEW Supervisor Name

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she is an officer of the *applicant* and has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Notary seal here

Date (MM/DD/YYYY)

Signature of authorized party

Title

Subscribed & Sworn before me _____ by _____
Print Notary Public name Print authorized party name

on this _____ day of _____, _____ at _____
Month Year State County

Notary Public Signature

Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

7.	Physical address of location where the official books and records generated by this branch office will be kept.
<hr style="width: 80%; margin: 0 auto;"/>	
<div style="display: flex; justify-content: space-between;"> Organization Name (if different from <i>applicant</i>) or Records Custodian Name Area Code Telephone Number </div>	
<hr style="width: 80%; margin: 0 auto;"/>	
<div style="display: flex; justify-content: space-between;"> Number and Street City State Country Zip+4/Postal Code </div>	

8	Mark the jurisdictions that applicant is currently applying to or is already licensed in for consumer lending purposes.
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Alabama		Georgia		Maryland		New Mexico		South Dakota	
Alaska		Guam		Massachusetts		New York		Tennessee	
Arizona		Hawaii		Michigan		North Carolina		Texas – OCCC	
Arkansas		Idaho		Minnesota		North Dakota		Texas – SML	
California – DOC		Illinois		Mississippi		Ohio		Utah	
California – DRE		Indiana		Missouri		Oklahoma		Vermont	
Colorado		Iowa		Montana		Oregon		Virginia	
Connecticut		Kansas		Nebraska		Pennsylvania		Washington	
Delaware		Kentucky		Nevada		Puerto Rico		West Virginia	
District of Columbia		Louisiana		New Hampshire		Rhode Island		Wisconsin	
Florida		Maine		New Jersey		South Carolina		Wyoming	

9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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10.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting consumer loans from this location: (a) with respect to employment? (b) with respect to compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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11.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: <div style="border-bottom: 1px solid black; width: 80%; margin-left: 20px; margin-bottom: 5px;"></div> (b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Address, City, ST, Zip	Telephone	SSN, IRS Tax No. or Employer ID	Separately Licensed?
				YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
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