A. GENERAL INSTRUCTIONS

1. 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.

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 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.

5. 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.

6. 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

1. 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.

2. ATTACHMENTS
   A. $350 Application Fee per location, per license type, payable to the Idaho Department of Finance.
   B. File a Form ICC2 for each branch manager identified in item 6 and submit a verification of experience containing a detailed history of related job descriptions/duties for the past 10 years. Job titles or lending volumes alone do not meet this requirement.
   C. Submit a file-stamped copy of an Idaho Secretary of State issued Certificate of Filing ABN 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.
   D. 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 signers 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: ______________________

**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** ☐  **SURRENDER** ☐  **AMENDMENT** ☐  **Complete only the item(s) being amended.**

2. **Physical address (Number and Street)**
   - NEW Physical address (Number and Street)

   **Physical City, State/Country, Zip+4/Postal Code**
   - NEW Physical City, State/Country, Zip+4/Postal Code

3. **Mailing address or P.O. Box (if applicable)**
   - NEW Mailing address or P.O. Box (if applicable)

   **Mailing address City, State/Country, Zip+4/Postal Code**
   - NEW Mailing address City, State/Country, Zip+4/Postal Code

4. **Business (Area Code) and Telephone Number**
   - NEW Business (Area Code) and Telephone Number

   **Fax (Area Code) and Number**
   - NEW Fax (Area Code) and Number

   **Branch e-mail**
   - NEW Branch e-mail

   **Branch website**
   - NEW Branch website

5. **Trade name or “dba” used at this branch**
   - NEW Trade name or “dba” used at this branch

6. **Branch Manager Name**
   - NEW Branch Manager Name

   **Supervisor Name**
   - 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.

**Date (MM/DD/YYYY)** __________  **Signature of authorized party** ______________________  **Title** ______________________

**Subscribed & Sworn before me** ______________________  **Print Notary Public name** ______________________  **Print authorized party name** ______________________

on this ___________ day of ___________  **Month** ___________  **Year** ___________  **State** ___________  **County** ___________

**Notary seal here**

**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: 

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>Zip+4/Postal Code</th>
</tr>
</thead>
</table>

7. Physical address of location where the official books and records generated by this branch office will be kept.

Organization Name (if different from applicant) or Records Custodian Name

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Georgia</td>
<td>Maryland</td>
<td>New Mexico</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Alaska</td>
<td>Guam</td>
<td>Massachusetts</td>
<td>New York</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Arizona</td>
<td>Hawaii</td>
<td>Michigan</td>
<td>North Carolina</td>
<td>Texas – OCCC</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Idaho</td>
<td>Minnesota</td>
<td>North Dakota</td>
<td>Texas – SML</td>
</tr>
<tr>
<td>California – DOC</td>
<td>Illinois</td>
<td>Mississippi</td>
<td>Ohio</td>
<td>Utah</td>
</tr>
<tr>
<td>California – DRE</td>
<td>Indiana</td>
<td>Missouri</td>
<td>Oklahoma</td>
<td>Vermont</td>
</tr>
<tr>
<td>Colorado</td>
<td>Iowa</td>
<td>Montana</td>
<td>Oregon</td>
<td>Virginia</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Kansas</td>
<td>Nebraska</td>
<td>Pennsylvania</td>
<td>Washington</td>
</tr>
<tr>
<td>Delaware</td>
<td>Kentucky</td>
<td>Nevada</td>
<td>Puerto Rico</td>
<td>West Virginia</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>Louisiana</td>
<td>New Hampshire</td>
<td>Rhode Island</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Florida</td>
<td>Maine</td>
<td>New Jersey</td>
<td>South Carolina</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>

9. Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the applicant’s main office? If “yes” provide a copy(ies) of the agreement(s)/contract(s).

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

11. Does any person, other than the applicant, 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:

(b) If yes, provide the following information for each person responsible for the expenses or with a financial interest:

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>Address, City, ST, Zip</th>
<th>Telephone</th>
<th>SSN, IRS Tax No. or Employer ID</th>
<th>Separately Licensed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

Form ICC3, Idaho Rev 2/2019