



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

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 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*

Regulated Lender
 Title Lender Y N
 Payday Lender
 Mark appropriate box(es)
 \$350 per license type/per
 location

“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 <input type="checkbox"/>	SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>
2.	Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code _____	2a.	NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code _____
3.	Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code _____	3a.	NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code _____
4.	Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website _____	4a.	NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website _____
5.	Trade name or “dba” used at this branch _____	5a.	NEW Trade name or “dba” used at this branch _____
6.	Branch Manager Name _____ Supervisor Name _____	6a.	NEW Branch Manager 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.

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.									
<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%; border-bottom: 1px solid black;">Organization Name (if different from <i>applicant</i>) or Records Custodian Name</td> <td style="border: none; width: 15%; border-bottom: 1px solid black;">Area Code</td> <td style="border: none; width: 35%; border-bottom: 1px solid black;">Telephone Number</td> </tr> <tr> <td style="border: none; border-bottom: 1px solid black;">Number and Street</td> <td style="border: none; border-bottom: 1px solid black;">City</td> <td style="border: none; border-bottom: 1px solid black;">State</td> </tr> <tr> <td style="border: none; border-bottom: 1px solid black;"></td> <td style="border: none; border-bottom: 1px solid black;">Country</td> <td style="border: none; border-bottom: 1px solid black;">Zip+4/Postal Code</td> </tr> </table>		Organization Name (if different from <i>applicant</i>) or Records Custodian Name	Area Code	Telephone Number	Number and Street	City	State		Country	Zip+4/Postal Code
Organization Name (if different from <i>applicant</i>) or Records Custodian Name	Area Code	Telephone Number								
Number and Street	City	State								
	Country	Zip+4/Postal Code								

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

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: (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"/>
				<input type="checkbox"/> <input type="checkbox"/>
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