



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

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2012 RENEWAL APPLICATION
CONSUMER LOAN LICENSE RENEWAL

License Number

Date

I hereby affirm the following:

1. The undersigned will continue the business of Consumer Loans during the year 2012 and hereby applies for a license. The license fee of \$500.00 is enclosed.
2. The Division of Banking and Financial Institutions (Division) has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been and will continue to be in accordance with the provisions of the Montana Consumer Loan Act (Act) and Administrative Rules 2.59.301 through 2.59.308 (Administrative Rules). I acknowledge that I have read and understand the Act and Administrative Rules and will share these regulations with our employees to be in compliance at all times. Please be advised that copies of the Act and administrative rules are available upon request by contacting the Division at (406) 841-2920 or online at <http://banking.mt.gov/consumerloan.mcp>.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.

Licensee Name

Address

Phone _____ Fax _____

Email

Home Office Address

Phone _____ Fax _____

If not located in Montana, name and address of Montana Registered Agent: _____

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

The following must be completed by a Notary:

State of _____)

County of _____)

Before the undersigned, a Notary Public, personally appeared: _____

_____ the authorized official of this licensee, to me known, who acknowledged that they executed the foregoing renewal application for the purpose therein mentioned on _____ (date).

(Signature of Notary Public)

(Name – typed, stamped or printed)

(Title and Rank)

(Residing at)

My commission expires: _____

(Seal, if any)