

Division of Banking
200 E. Grand, Suite 300, Des Moines, Iowa 50309

**DEBT MANAGEMENT
APPLICATION FOR RENEWAL OF LICENSE**

Application is hereby made to renew the license(s) granted under the provisions of Iowa Code Chapter 533A.

1. **License Number:** _____

Name of licensee: _____

as shown on current license

new name if different from above

(Please enclose supporting documentation that authorizes the change of name or use of a trade name

2. **Mailing Address and Phone Numbers:**

**Person to receive licensing
information:**

Name _____ Title _____

Company _____

Street or Box _____

City, State, Zip _____

Phone _____ FAX # _____ E-Mail Address _____

**Person to receive and
respond to exam reports:**

Name _____ Title _____

Company _____

Street or Box _____

City, State, Zip _____

Phone _____ FAX # _____ E-Mail Address _____

**Executive responsible for
consumer complaints from
Iowa residents:**

Name _____ Title _____

Company _____

Street or Box _____

City, State, Zip _____

Phone _____ FAX # _____ E-Mail Address _____

3. For the person or entity that holds the license, please enclose a current list of the name, and title of each: owner and partner for a sole proprietorship or partnership; manager for a L.L.C.; and director and principal officer for a corporation. For new individuals (assumed position after June 1, 2010), please include the residence and business address, normal occupation, business experience during the past five years, and experience in debt management business.
4. For a L.L.C. or corporation, or if any partner is a corporation, enclose a current list of members or shareholders. Include the name and address (city and state is sufficient) of each, the shares or units held, the types of shares/units held (e.g. voting or nonvoting), and percentage of ownership. If a member or shareholder is a corporation, please list the shareholders of that corporation (subsidiaries identify the parent corporation and list the shareholders of the parent). If shares of a corporation are publicly traded, so state and identify the exchange where traded in lieu of providing a shareholder list.
5. Has the licensee's corporate structure or ownership changed since June 1, 2010? ___ If yes, detail the changes on a separate sheet.
6. Has the licensee, or any director or principal officer of the licensee, been associated with a business whose authority to transact business has been denied, revoked, or suspended by a State or Federal regulatory or law enforcement entity? _____ If yes, please detail on separate sheet.
7. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending? _____ If yes, please detail on separate sheet.
8. Has the licensee, or any director or principal officer of the licensee, been indicted or convicted of a felony in Iowa or convicted of a crime in another jurisdiction which would be a felony in Iowa? _____ If yes, please detail on separate sheet.
9. In connection with this application, in reference to the relationship between the licensee and client/debtor or potential client/debtor, please provide the following information as shown by the records of the licensee (clients who are Iowa residents).
 - a) The number of applications received during the last 12 months _____
 - b) The number of contracts entered into during the last 12 months _____
 - c) The total number of contracts presently being serviced by the licensee _____

11. In connection with this application, enclose the following:

- a) A copy of the present contract form between the licensee and its client.
- b) A copy of a current financial statement of the licensee (audited by a CPA or certified by an executive of the company).
- c) A renewal fee of \$250, payable by check to "Superintendent of Banking"

SIGNATURE OF APPLICANT

I represent that the information contained herein and that submitted with this application is true and complete to the best of my knowledge.

DATE: _____

BY: _____
SIGNATURE

NAME

TITLE