



NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603

Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309

Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

INITIAL APPLICATION FOR NORTH CAROLINA REFUND ANTICIPATION LOAN FACILITATOR

General Information and Instructions

This form is provided to applicants proposing to operate a business under the terms of the North Carolina Refund Anticipation Loan Act (N.C.G.S. § 53-245 et seq, Article 20). A “**Refund Anticipation Loan Facilitator**” is defined as a person who individually or in conjunction or cooperation with another person processes, receives, or accepts for delivery an application for a refund anticipation loan or a check in payment of refund anticipation loan proceeds or in any other manner facilitates the making of a refund anticipation loan.

- All information is to be **typed** or **printed legibly** in ink.
- Required exhibits as well as any additional information applicant considers appropriate are to be provided on letter size paper.
- The application must be signed before a notary public.
- Application fees must be included with the application and are nonrefundable.
- Each location facilitating refund anticipation loans must be registered.
- The original certificate of registration is to be displayed at the registered location in North Carolina.
- Registration certificates expire December 31st of each year.
- On or before January 2nd of each year, each registrant shall file with the Commissioner a schedule of the refund anticipation loan fees for refund anticipation loans to be facilitated by the registrant during the succeeding year.



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**REFUND ANTICIPATION LOAN FACILITATOR
APPLICATION FOR INITIAL REGISTRATION**

All information must be typed or printed legibly in ink. Please respond to each item. If a particular item does not apply, enter "not applicable" or "NA". All attachments must be on 8½" x 11" paper.

Pursuant to N.C.G.S. § 53-248, a nonrefundable application fee of \$250 for each location engaging in tax refund anticipation loans must accompany this application (send 1 check). Make check payable to "Department of Commerce / Banking Commission."

HAVE YOU READ AND DO YOU UNDERSTAND THE N.C. REFUND ANTICIPATION LOAN FACILITATOR ACT AND RELATED ADMINISTRATIVE RULES? Yes No

I. APPLICANT INFORMATION

1. Applicant's organization type: (check one)

sole proprietorship partnership limited liability company corporation

If Sole Proprietorship, enter your name:

If Partnership, enter names in partnership:
Attach a copy of the partnership agreement.

If Limited Liability Company or Corporation, enter name registered with the Secretary of State:

Foreign (out-of-state) corporations must attach a copy of the Certificate of Authority to do business in North Carolina from the North Carolina Secretary of State.

1a. DBA (if applicable):

Note: If the applicant is doing business under an assumed name (DBA), it must attach a copy of its Certificate of Assumed Name bearing the dated filing stamp of the Register of Deeds office of the county in which the business is located. (A separate application is required for each location using a different DBA.)

2. Federal Employer Identification Number:

3. Applicant's headquarters address:

City, State, Zip Code:

Will refund anticipation loans be facilitated at this location? Yes No

Name of Applicant:

I. APPLICANT INFORMATION - CONTINUED

3a. Mailing Address, if different from headquarters address:

City, State, Zip Code:

3b. Business Telephone:

Fax:

3c. Address where loan records will be kept (number and street):

City, State, Zip Code:

4. Contact person regarding this application:

Title:

Business Telephone:

Fax: _

II. GENERAL INFORMATION

5. State fully the kind and nature of the business in which the applicant is primarily engaged.

5a. Will your firm facilitate, originate, or make any consumer loans that are funded in advance of the actual preparation and filing of the consumer's federal income tax return, and prior to the consumer presenting a federal W-2 form to have tax preparation service performed?

Yes No

If yes, please attach a separate page, providing full details of the loan product, including: the conditions for obtaining the loan, the minimum loan amount, loan repayment terms, cost of the loan, and the name of the lender.

6. Is the applicant a privately-owned franchisee or licensee of another organization?

Yes No

If yes, please provide the information requested below:

Name of franchisor:

Headquarters address:

City:

State:

Zip Code:

Mailing address, if different from above:

Name of supervising official:

Title:

Business telephone number: ()

Fax number: ()

Name of Applicant:

III. PERSONAL QUESTIONNAIRE

7. Please answer the following questions. *If your answer to any of the questions is "yes," attach a full, written explanation.* Please include names, dates, court name and address, case number, judgment amounts, etc.

a. Have any civil judgments been entered against the applicant, its members, officers, directors, or principals within the past 10 years?

Yes No

b. Has the applicant, its members, officers, directors, or principals been convicted of any felony?

Yes No

c. Has the applicant, its members, officers, directors, or principals been convicted of any misdemeanor involving theft, fraud or dishonesty?

Yes No

d. Has the applicant, its members, officers, directors or principals been the subject of any enforcement proceeding by any agency or department of the State of North Carolina, or any other state or the federal government involving the revocation or suspension of any business license?

Yes No

e. Has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?

Yes No

Name of Applicant:

IV. IRS INFORMATION

8. IRS Electronic Filer Identification Number (EFIN):
(IRS Letter of Acceptance must be attached for current tax year.)

V. LENDER INFORMATION

9. Provide the following information concerning the bank which will fund refund anticipation loans to your customers.

Name of Bank:

Address:

City:

State:

Zip Code:

Mailing address, if different from above:

Bank representative in charge of refund anticipation loan program:

Name:

Title:

Business telephone number: ()

Fax number: ()

VI. THIRD-PARTY TRANSMITTER INFORMATION

10. Provide the following information about the third-party transmitter and any other intermediary parties involved in your process of facilitating refund anticipation loans.

Transmitter:

Address:

City:

State:

Zip Code:

Contact person:

Telephone number: ()

Others

Company name:

Address:

City:

State:

Zip Code:

Function or role of the company:

Contact person:

Telephone number: ()

Name of Applicant: _____

VII. OWNERSHIP AND MANAGEMENT

11. If you are a **sole proprietor**, list your name with title and business telephone number.

If your firm is a **partnership**, list the name with title and business telephone number *of each partner*.

If your firm is a **limited liability company**, list the name with title and business phone number of *each member and manager*.

If your firm is a **corporation**, list the name with title and business telephone number *of the executive officers and directors of the corporation*. Also, list the name and business telephone number *of all controlling persons* as defined in Rule 4 NCAC 3J .0101(a)(4).

EACH PERSON LISTED MUST COMPLETE AUTHORIZATION TO RELEASE INFORMATION.

MAKE COPIES IF ADDITIONAL SPACE IS REQUIRED.

Name:	Title:
Business telephone number: ()	Percentage Ownership:

Name:	Title:
Business telephone number: ()	Percentage Ownership:

Name:	Title:
Business telephone number: ()	Percentage Ownership:

Name:	Title:
Business telephone number: ()	Percentage Ownership:

Name:	Title:
Business telephone number: ()	Percentage Ownership:

Name:	Title:
Business telephone number: ()	Percentage Ownership:

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VIII. AUTHORIZATION TO RELEASE INFORMATION

The following information is furnished by the undersigned to the North Carolina Commissioner of Banks in conjunction with and is made a part of the application of

(print or type the full legal name of the applicant)

for registration as refund anticipation loan facilitator pursuant to Article 20 of Chapter 53 of the General Statutes of North Carolina. By my signature I give my consent to the Commissioner of Banks to conduct a financial and business responsibility background check, including but not limited to, the obtaining of credit bureau reports, motor vehicle records, criminal records, records and/or reports from any law enforcement or government agency and other information as deemed necessary by the Commissioner of Banks. It is further understood and affirmed that any response to an inquiry made by the Commissioner of Banks with respect to me is provided solely as a matter of courtesy and that any person, organization or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or willful negligence.

- 1. Full Name: (first) (middle) (last)
- 2. Title:
- 3. Social Security Number: 4. Driver's License Number: State:
- 5. Date of Birth: 6. Place of Birth:
- 7. Country of Citizenship:
- 8. Current Residence Address (number and street)
City, State, Zip Code: Year: \ from to
County: Phone number: ()
- 9. Previous Residence Address (number and street):
City, State, Zip Code: Year: \ from to
County:
- E-Mail Address:
- Signature: _____
- Date: _____

PLEASE DUPLICATE THIS FORM AS NEEDED

Name of Applicant:

IX. SCHEDULE OF OFFICE LOCATIONS

12. Number of office locations:

12a. List the address of each office location, phone number, and fax number.

Make copies if additional space is required.

Address (number and street):

City, State, Zip Code:

County:

Phone:

Fax:

EFIN No.:

Address (number and street):

City, State, Zip Code:

County:

Phone:

Fax:

EFIN No.:

Address (number and street):

City, State, Zip Code:

County:

Phone:

Fax:

EFIN No.:

Address (number and street):

City, State, Zip Code:

County:

Phone:

Fax:

EFIN No.:

Summary of offices and fees submitted with this application:

number of offices @ \$250.00 each = \$

Please make sure that all pages and attachments are completed and properly signed.

X. APPLICANT AGREEMENT AND CERTIFICATION

To be signed and affirmed in the presence of a Notary Public. This document is not complete unless notarized (a notary seal is required).

Name of Applicant (type or print): _____

Under the penalties of perjury, I affirm that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct and complete. I understand that false statements made under oath in this application may result in the denial, suspension or revocation of a refund anticipation loan facilitator registration.

I/we am/are authorized to make and sign this statement on behalf of the applicant.

Date: _____ Signature: _____

Name (type or print): _____

Title: _____

_____ COUNTY, STATE OF _____

Affirmed and subscribed before me this _____ day of _____, 20 ____

by _____.

(name of principal)

(SEAL)

Notary Public

My Commission expires: _____