



Department of Audit
Division of Banking
Uniform Consumer Credit Code
122 W 25th St Herschler Building, 3rd Floor East
Cheyenne, WY 82002
(307) 777-6485 Fax (307) 777-3555
Website: wyomingbankingdivision.wyo.gov

INSTRUCTIONS FOR RENTAL-PURCHASE MERCHANT LICENSE

Pursuant to the Rules and Regulations of the Administrator

Application is hereby made for authority to transact business as a Rental-Purchase Merchant, licensed pursuant to the provisions of W.S. 40-19-114 and 40-14-634. State statutes pertaining to the Wyoming Consumer Rental-Purchase Merchant can be found under W.S. 40-19-101 to 40-19-120.

1. A completed Application for Rental-Purchase Merchant license shall be accompanied by a processing fee of \$300.00 and the applicant shall pay an initial license fee of \$50.00 for each office to be licensed (check made payable to the “*Department of Audit*”) for each license applied for. ***One completed application is necessary for each*** business office location that will be subject to the Wyoming Uniform Consumer Credit Code. Each business office shall complete a separate application.
2. ADDENDUMS/EXHIBITS are acceptable, provided each contain the required information and are well numbered.
3. The completed application shall be LEGIBLE and filled out COMPLETELY. If a question is not applicable, please advise so in writing. Please answer all questions, leaving no part of the application blank.
4. Pursuant to W.S. 17-16-1503 of the Wyoming Business Corporation Act, authority to transact business in the state of Wyoming may need to be conveyed by the office of the Secretary of State. Forms for applying for a Certificate of Authority can be obtained by calling the Business Division at (307)777-7311, by email: SOSRequest@wyo.gov OR write to:

Secretary of State, Business Division
The Capitol Building
200 West 24th Street
Cheyenne, WY 82002-0020

5. **REFERENCE FORMS** shall be completed and mailed by the applicant as follows **(a copy of each of the completed forms shall be submitted with each application)**:
 - One (1) Bank Reference Form to your Financial institution, *AND*:
 - Two (2) State Regulator Reference Forms to states where the applicant is currently licensed with respect to conducting similar business; *OR*:
 - Two (2) Professional Reference Forms, to be used **only** in the event the applicant is currently not regulated or licensed in other states in which similar business is being conducted.
6. When summaries and descriptions of resolutions of complaints are requested, please provide as much information with a clear description of the nature of complaint(s) in other states as possible. Also provide information as to the action taken either by the applicant or the licensing State to satisfy the compliant.
7. Please provide our office a true and correct statement of financial condition of the applicant. Balance sheet figures given shall be current within thirty (30) days of this application.
8. The completed application shall be NOTARIZED where indicated.
9. Please note; the applicant shall pay an initial license fee of \$50.00 for **each** office to be licensed.
10. Each license issued shall expire on July 1 of each year; each license shall be renewed annually not less than thirty (30) days before the above expiration date. **The annual renewal fee is currently \$50.00 for each license.**
11. The Wyoming Uniform Consumer Credit Code and the Rules and Regulation of the Administrator are available for purchase with a written request and a check for \$25.00 made payable to the *Department of Audit*. For more information regarding licensing in Wyoming please contact the Department of Audit, Division of Banking at (307) 777-3497 or by email at: wyomingbankingdivision.wyo.gov.



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APPLICATION FOR RENTAL-PURCHASE MERCHANT LICENSE

Application is hereby made for the authority to transact business as a Rental-Purchase Merchant, licensed pursuant to the provisions of W.S. 40-19-114. State statutes pertaining to the Wyoming Consumer Rental-Purchase Merchant can be found under W.S. 40-19-101 to 40-19-120. ***Each license issued shall expire on July 1 of each year.*** Each License shall be renewed annually not less than thirty (30) days before the above expiration date.

Instructions: For the application to be processed; ***the completed form(s) must be accompanied by a processing fee of \$300.00 for each location applied for and the applicant shall pay an initial license fee of \$50.00 for each office to be licensed.*** Make check Payable to the ***Department of Audit.*** Mail the completed application form and appropriate fee(s) to the above address. No refunds will be provided if an application is withdrawn by the applicant at any time prior to completion of processing of the application. For accurate processing, please type the following answers (as applicable) to the questions contained in this application. *If additional space is required to answer any question, please provide the necessary information on a separate sheet(s) and attach to the application.*

Please Note: W.S. 40-14-114(f) requires ***each office or place of business to be licensed separately.*** The applicant shall pay an initial ***license fee of \$50.00 for each office or place of business to be licensed.*** Failure to pay the required license fee(s) will result in denial for issuance of the license(s) to conduct business under the act.

Dated this _____ day of _____ 20_____

Part I-The applicant is a:

() Sole Proprietorship; () Corporation () Association () Partnership (If applicant is a partnership, all partners must complete this form); or () Limited Liability Company (Please furnish a copy of the Articles of Certificate of Organization showing the date of filing with the Secretary of State and any amendments thereto.)

Please provide written documentation if a foreign corporation determines they do not need to qualify with the Secretary of State to transact business in the State of Wyoming.

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

Federal Tax Identification Number _____

Name, title, business address and telephone number of senior officer or responsible party who will be accountable for all regulatory correspondence. This party will act as the primary contact between the applicant and the Department of Audit, Division of Banking and will be responsible for receiving and directing all regulatory correspondence to the appropriate personnel.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax number: _____

E-mail Address: _____

Please note: \$300.00 processing fee and \$50.00 licensing fee is required for each location

Business name and location in which business is to be conducted and license issued:

Name (as it is to appear on license): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

Contact name: _____

Email address: _____

Federal Tax Identification Number (EIN): _____

Description of the types of consumer credit activity to be conducted:

If a sole proprietorship, please provide the following information relative to owner:

Name: _____ Social Security Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

(If different from the physical address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

If a Corporation, Association, Partnership or Limited Liability Company, please provide the following information on all owners, partners, investors, officers and/or directors: *(Please attach separate sheets as necessary.)*

Individual name: _____

Title: _____ Social Security Number: _____

Business address: _____ Telephone: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Individual name: _____

Title: _____ Social Security Number: _____

Business address: _____ Telephone: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Pursuant to W.S. 17-16-1503 of the Wyoming Business Corporation Act, Authority to transact business in the state of Wyoming may need to be conveyed by the office of the Secretary of State. Please refer to the instruction sheet for further details.

If Domestic (Wyoming) entity, give date of incorporation: _____

As a foreign entity (out of State), has the applicant qualified to transact business in the State of Wyoming?

YES () NO () **If the answer is "yes" then provide:**

Date of incorporation _____

Place of incorporation _____

Date qualified in Wyoming _____

If qualified as a foreign entity, who is your designated registered agent for service of process?

Name of registered agent: _____

Street address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number: _____

If the above question is marked "no" then provide:

Written documentation why and how "as a foreign corporation" you determined you do not need to qualify with the Secretary of State to transact business in the State of Wyoming.

Submit a list of names and business addresses of senior Officers and Directors of the applicant in an addendum to the application. Include the positions of chief executive and/or operating officer, president, executive or senior vice president, secretary, treasurer, or positions of similar responsibilities. If a partnership, list all partners.

Does the applicant have any parent companies, subsidiaries, or affiliates? *(If yes, submit a list as an addendum to the application, including exact name(s) of parent companies, subsidiaries, affiliates and their principle lines of business.)*

Yes _____ (Addendum attached) No _____

Does the applicant, parent companies, subsidiaries, or affiliates have one one (1) or more branches currently licensed by the administrator conducting either rental-merchant or consumer credit business? *(If yes, submit a list as an addendum to the application, including business name, address, type of business and license number)*

Yes _____ (Addendum attached) No _____

List types of business activities, other than those covered by this act, which will be conducted by the applicant at the licensed location:

Part II-Experience/Business Qualifications

1. ***Briefly* summarize the professional background and experience of the manager of the location to be licensed, as well as all individuals listed under part I in an addendum to this application.** (Resumes are acceptable)

2. **Has the administrator, any other agency in this state, any federal agency, or any other agency of any of state ever denied, suspended, or revoked a license or registration of the applicant?** If “yes”, provide complete details in an addendum to the application. The information should include the following: name and address of agency, date of action and reason for action.

Yes _____ (Addendum attached) No _____

3. **Has any governmental or regulatory agency ever initiated a formal or informal regulatory action or order against the applicant?** If “yes”, provide complete details in an addendum to the application. The information should include the following: name and address of agency, date of action and reason for action

Yes _____ (Addendum attached) No _____

4. **Summary of any form sanctions imposed against the applicant related to business that is regulated under this act as a matter of public record.** Such formal sanctions may include, but are not limited to fine, reprimand, probation, censure, revocation, suspension, surrender or restriction. Provide complete details in an addendum to the application. The information should include the following: name and address of agency that initiated the formal sanction(s), date of action and reason for action.

Yes _____ (Addendum attached) No _____

5. **Has the applicant ever been convicted of, or pleaded “nolo contendere” to any criminal offense under any laws of this state relating to the rental-purchase business?** If “yes”, provide complete details in an addendum to the application.

Yes _____ (Addendum attached) No _____

Part III-Financial Responsibility

1. **Has the applicant ever had to work out a compromise with creditors?** If “yes” provide complete details in an addendum to the application.

Yes _____ (Addendum attached) No _____

2. **Has the applicant ever been adjudged as bankrupt under U.S. Bankruptcy Code?** If “yes”, provide complete details in an addendum to the application.

Yes _____ (Addendum attached) No _____

3. **Provide a copy of a current credit report from a major credit reporting bureau for the applicant.** The credit report must be dated within thirty (30) days prior to the date of the application. Provide an explanation of any negative information on the credit report in an addendum to this application.

4. **Submit audited financial statements for the applicant as of the close of the applicant’s last fiscal year, if such statements were prepared.** If audited statements were not prepared, an applicant must submit unaudited financial statements. Unaudited statements must be dated not more than sixty (60) days prior to the date of the completed application and must include a notarized signature of an authorized officer or representative of the applicant.

The following is a true and correct statement of the financial condition of the applicant
(Please Note: Figures given must be current within thirty (30) days of this application)

Dated this _____ day of _____ 20_____

ASSETS

Cash on Hand and Due from Banks _____
Investment Securities _____
Accounts Receivable _____
Contracts & Notes Receivables: _____
 Consumer Credit Sales _____
 Consumer Loans _____
Real Estate (less depreciation) _____
Other Assets—please itemize _____

TOTAL ASSETS

\$ _____

LIABILITIES

Accounts and Payable _____
Banks _____
Due to Parent Company or Affiliate _____
Bonds and Long Term Accounts and Notes _____
Other Liabilities _____
Accrued Expense _____
Dealers Reserve _____
Other—please itemize _____

TOTAL LIABILITIES

\$ _____

CAPITAL

INDIVIDUAL OWNERS AND PARTNERSHIPS ONLY

Net Worth _____
Other—please itemize _____

TOTAL NET WORTH

\$ _____

TOTAL LIABILITIES AND NET WORTH

\$ _____

CORPORATION ONLY

Capital Stock _____
Surplus _____
Undivided Profits _____
Reserve for Contingencies _____

TOTAL CAPITAL

\$ _____

TOTAL LIABILITIES AND CAPITAL

\$ _____



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PROFESSIONAL REFERENCE FORM

I. Applicant Section	
Copy this form as needed. Complete sections I and II of the form, then forward this form to a minimum of <u>2</u> professional references or personal references of your choice. Please provide a copy of this form with the application for each office or location to be licensed.	
A. Company Name (as it is to appear on Wyoming License)	B. Company Address (as it is to appear on Wyoming License)
C. Name of Parent Company	D. Parent Company Address (include street, city, state, zip)
E. Name of CEO or Owner	F. Federal Tax ID/ Social Security Number
II. Information Specific to Professional References	
A. Name of Professional Reference:	B. Contact Person and Title
C. Address of Professional Reference:	D. Telephone/ Fax Number
E. Type of business relationship:	
I hereby authorize _____ to furnish the State of Wyoming, Division of Banking, Uniform Consumer Credit Code the information requested below.	
Date _____ Signature _____	

III. REFERENCES : PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING	
Record N/A in areas not applicable. The State of Wyoming, Division of Banking, Uniform Consumer Credit Code will accept other forms of certification provided all applicable information requested on this form is contained in the certification. A reply for such information at your earliest convenience would be greatly appreciated.	
A. Is the information in section II accurate? Yes ___ No ___ If no, please provide accurate information:	B. (If applicable) Have you found the above applicant to be financially responsible? Yes ___ No ___ If no, please provide an explanation:
C. Have you found the above applicant to be of good character? Yes ___ No ___ If no, please provide an explanation:	D. Have you found the above applicant to be capable of conducting their business honestly and fairly? Yes ___ No ___ If no, please provide an explanation:
E. If professional, our business experience with the above applicant has extended over a period of _____ years.	
F. If personal, I have known the (management), (members), (officers and directors) of the above applicant for _____ years.	

I certify that the information contained herein or attached is true and correct to the best of our knowledge.	
Dated this _____ day of _____ 20 _____	
Name: (please print) _____	
Signature: _____	



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BANK REFERENCE FORM

I. APPLICANT SECTION

Copy this form as needed. Complete sections I and II of this form, then forward this form to the financial institution(s) where you currently hold accounts. **Please provide a copy of this form with the application for each office or location to be licensed.**

A. Company Name (as it is to appear on Wyoming License)	B. Company Address (as it is to appear on Wyoming License)
C. Name of Parent Company	D. Telephone/ Fax Number
E. Name of CEO or Owner	F. Federal Tax ID/ Social Security Number

II. INFORMATION SPECIFIC TO BANK WHERE ACCOUNTS ARE HELD

A. Name of Financial Institution	B. Individual to Contact and Title
C. Address of Financial Institution	D. Telephone/fax Number
E. Type of Accounts and Account Numbers	

I hereby authorize _____ to furnish the State of Wyoming, Division of Banking, Uniform Consumer Credit Code the information requested below.

Date _____ Signature _____

III. FINANCIAL INSTITUTION: PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING

Record N/A in areas not applicable. The State of Wyoming, Division of Banking, Uniform Consumer Credit Code will accept other forms of certification provided all applicable information requested on this form is contained in the certification. A reply for such information at your earliest convenience would be greatly appreciated.

Is the information in section II accurate? Yes ___ No ___ If no, please provide accurate information:	Has account been maintained in a satisfactory manner? Yes ___ No ___ If no, please provide an Explanation:
Date Account Opened: Date _____ day of _____ 20_____	
Average Balance: Low ___ Medium ___ High ___	
Has there been any NSF activity within the past 6 months? Yes ___ No ___ If yes, how many? _____	
Credit Experience Borrower ___ Non-Borrower ___	
If Borrower, have accounts been maintained as agreed? Yes ___ No ___	
Comments: _____	

I certify that the information contained herein or attached is true and correct to the best of our knowledge.
Dated this _____ day of _____ 20_____

Name: (please print) _____

Signature: _____



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STATE REGULATOR REFERENCE FORM

I. APPLICANT SECTION	
Copy This Form as needed. Complete sections I and II of the form, then forward this form to a minimum of <u>2</u> states where you are currently licensed or certified. Please provide a copy of this form with each application for each office or location to be licensed.	
A. A. Company Name (as it appears on Wyoming License)	B. Company Address(as it appears on Wyoming License)
C. Name of Parent Company	D. Parent Company Address (include street, city, State, zip)
E. Type of ownership: ____ Sole Proprietorship ____ Corporation ____ Partnership ____ Limited Liability Company	
F. Name of CEO or Owner	G. Federal Tax ID/ Social Security Number
II. INFORMATION SPECIFIC TO STATE WHERE APPLICANT IS CURRENTLY LICENSED	
A. Company Name in that state	B. Assumed Name (under which company did or is doing business in that state, if any)
C. Address in that state, if applicable	D. Type and number of License/ Registration held in that state
E. License type being sought in Wyoming	
I hereby authorize _____ to furnish the State of Wyoming, Division of Banking, Uniform Consumer Credit Code the information requested below. Date _____ Signature _____	
III. STATE REGULATOR: PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING	
Record "n/a" in areas not applicable. The State of Wyoming, Division of Banking, Uniform Consumer Credit Code will accept other forms of certification provided all applicable information requested on this form is contained in the certification. A reply for such information at your earliest convenience would be greatly appreciated.	

A. Is the information in section II accurate? Yes ___ No ___ If no, please provide accurate information:	B. Current status of license/registration Current ___ Suspended Revoked ___ Surrendered Other
C. Issue Date:	D. Expiration Date:
E. Complaints/ Disciplinary Action 1. Have there been any complaints filed against the aforementioned company in the past five (5) years? If yes, please summarize and describe resolution. Please attach additional sheet(s) if necessary. Yes ___ No ___ Number ___ Number Outstanding ___ 2. Have there ever been any formal sanctions imposed against the aforementioned company as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, or restrictions? Yes ___ No ___ If yes, attach additional sheet(s) with copy of disciplinary action.	

I certify that the information contained herein or attached is true and correct according to the official records of the State. Dated this _____ day of _____ 20_____ Name: (please print) _____ Signature: _____
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