

MOTOR VEHICLE SALES FINANCE ACT

LICENSE APPLICATION
PROCEDURES
(For FIS 1028)

The Commissioner of the Office of Financial and Insurance Regulation has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq, and section 2109 of the Michigan Banking Code of 1999, as amended, MCL 487.12109. Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

I. GENERAL INSTRUCTIONS

- A. The application for a license must be made in writing (printed in ink or typed) to the Commissioner of the Office of Financial and Insurance Regulation on the attached forms. If after investigation the Commissioner determines that the experience, character, business reputation, and general fitness of the applicant and its officers, directors, shareholders, partners, and affiliates command the confidence of the public and warrant belief that the applicant and its officers, directors, shareholders, partners, and affiliates will comply with the law, and that grounds for revoking, suspending, or denying a license pursuant to the act do not exist, the Commissioner will issue the license.
- B. The Office will not accept an incomplete application. Complete responses to all questions will expedite the processing of the application. Do not leave any question blank - Enter “**N/A**” or “**None**” if not applicable. An application will not be accepted if it contains whiteout or strikeouts.
- C. The application must be filed with original signatures where applicable.
- D. The applicant may provide additional information in support of this application as deemed appropriate.

II. STATUS OF APPLICANT

The applicant must be identified as one of the following: an individual doing business under their own name, an individual doing business under an assumed name or trade name, a co-partnership, an association, a corporation, a limited partnership, or a limited liability company.

III. APPLICATION AND ACCOMPANYING DOCUMENTS

- A. All applicants are required to complete pages 1 and 2 of the installment seller/sales finance license application.
- B. Installment seller applicants are required to submit a copy of their Michigan dealer license, which is issued by the Bureau of Regulatory Services. The Michigan dealer license number is to be stated on page 1 of the installment seller/sales finance license application.
- C. If the applicant is an **individual doing business under an assumed name**, the application must be accompanied by a certificate executed by the county clerk verifying compliance with the provisions of Act No. 151, Public Acts of 1949, as amended and a copy of your dealer's license.

- D. If the applicant is a **general partnership**, the application must be accompanied by a certificate executed by the county clerk indicating compliance with the provisions of section 217 of Act No. 247, Public Acts of 1972, as amended and an Affidavit of Official Signing of Application.
- E. If the applicant is a Corporation, Limited Liability Company, or Limited Partnership, it must first register with the Michigan Corporation Division (517-241-6470). The name registered with the Corporation Division is to be stated on page 1 of the application.
- F. If the applicant is a **corporation**, the application must be accompanied by a certified copy of a Board of Directors Resolution, the Affidavit of Official Signing of Application and a Power of Attorney.
- G. If the applicant is a **limited liability company**, the application must be accompanied by a certified copy of a Certificate of Resolution, the Affidavit of Official Signing of Application and a Power of Attorney.
- H. If the applicant is a **limited partnership**, the application must be accompanied by an Affidavit of Official Signing of Application.

IV. BOND REQUIREMENTS – For Sales Finance Company License Only (bond form required to be submitted with the sales finance application is included with form FIS 1028)

- A. Non-Depository Sales Finance Company and/or Out-of-State Depository Institutions
 - 1. Main Office - \$20,000
 - 2. Branch Office - \$10,000 each
- B. Depository Institution
 - 1. Main Office - \$20,000
 - 2. Branch Office - \$10,000 each
- C. Licensees under the Mortgage Brokers, Lenders, and Servicers Licensing Act, the Secondary Mortgage Loan Act, or the Regulatory Loan Act are required to provide a bond in the amount of \$5,000 for each location licensed to transact business as a Sales Finance Company.

V. CONTRACT INFORMATION

- A. Installment Seller/Sales Finance Company
 - 1. Installment sale contracts are not required to be submitted with the installment seller or sales finance application. Consult your counsel regarding contract compliance with the Motor Vehicle Sales Finance Act.
 - 2. Installment sale contracts, including “assignable” and “buy here, pay here” contracts are available from Compliance Systems, Inc., Grand Rapids, Michigan (1-800-968-8522).

VI. FINANCIAL STATEMENT – For Non-Depository Sales Finance Company Applicants Only

- A. For applicants who are non-depository financial institutions, please include a financial statement.

VII. CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

- A. Required only for Non-Depository Sales Finance Companies and/or Out-of-State Depository Institutions or if any applicant has answered the question on page two “YES”.

VIII. FEES – Non-refundable Annual License Fee

- A. Installment Seller - \$30.00

This fee is non-refundable and is required from all applicants making an initial application for a license. It is also required at the time of making a first application for a license after the suspension or revocation of a license.

- B. Sales Finance Company

1. Non-Depository
 - a.) Main Office - \$150.00
 - b.) Branch Office - \$75.00 each
2. Depository
 - a.) Main Office - \$35.00
 - b.) Branch Office - \$35.00 each

- C. Mail your check, payable to the State of Michigan, and the completed application to:

Office of Financial and Insurance Regulation
Consumer Finance Unit
Attn: Joann Hubbard
611 W. Ottawa Street, 3rd Floor
Lansing, MI 48933

Questions pertaining to the completion of this license application may be directed to the Consumer Finance Unit at (877) 999-6442.

Installment Seller or Sales Finance Company License Application

Check the appropriate box: Sales Finance Company Installment Seller

Please read and refer to the accompanying instructions before completing this application.

Name (Corporation, Limited Liability Company, Partnership, Sole Proprietorship, or Individual). Include DBA name(s), if applicable.		
Street Address		
City	State	Zip Code
County	Township (if applicable)	Telephone No. ()
Mailing Address		
City	State	Zip Code
Facsimile No. ()	E-Mail Address	
Website Address	Federal Taxpayer I.D. No.	Dealer License No.
Other place of business in the same city conducted under the name above, with all records being maintained at the above address (Installment Sellers ONLY).		

STATUS OF APPLICANT: (Check appropriate box)

- | | | |
|---|--|---|
| <input type="checkbox"/> An individual doing business under own name | <input type="checkbox"/> A limited partnership | <input type="checkbox"/> A limited liability company Michigan ID# _____ |
| <input type="checkbox"/> An individual doing business under an assumed/trade name | <input type="checkbox"/> A general partnership | <input type="checkbox"/> An association |
| <input type="checkbox"/> A corporation Michigan corporate I.D. # _____ | | <input type="checkbox"/> Other (describe) _____ |

CONSUMER FINANCE OFFICE USE ONLY			
Date Approved		Date License Issued	
Approved By		License Number	

List the names of all owners, partners, officers, directors, shareholders, members and affiliates of the firm, co-partnership or association. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary and treasurer. "Shareholders" means all shareholders if the total number of shareholders equals 20 or less, or if there are more than 20 shareholders, only those shareholders holding (or controlling) at least 20% of the outstanding voting stock.

Name and Title	Residence Address (Street, City, State, Zip Code)

	YES	NO
Has any member of your organization ever been convicted of a crime? If yes, please attach a separate sheet stating the facts of the conviction(s), including date(s).		

Authorized Signature	Date
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STATE OF (_____)

COUNTY OF (_____)

On this _____ day of _____, _____, before me, a Notary Public in and for said County personally appeared _____

PRINT INDIVIDUAL'S NAME *

known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

Notary Public

My Commission Expires



Michigan Department of Energy, Labor & Economic Growth

DELEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit OFIR online at: www.michigan.gov/ofir

Phone OFIR toll-free at: 1-877-999-6442

Certificate of Resolution

CORPORATE BOARD OF DIRECTORS (For corporate applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Board of Directors of _____
Regular or Special
_____, a corporation organized under the laws of the State
Applicant Name
of _____, and doing business in the _____ of _____,
City, Village, or Twp.
County of _____, State of _____ held at the office of said
corporation on the _____ day of _____, _____, the following resolution was
duly and legally presented and adopted by majority vote of the Board, to wit:

It being the desire and purpose of the Board of Directors of _____
Applicant Name
_____ a corporation doing business in the _____ of _____,
City, Village, or Twp.
that this corporation should take steps to engage in the business of a/an _____,
Installment Seller or Sales Finance Company
under the provisions of Act No. 27 of the Public Acts of 1950, Extra Session, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
of this corporation, and in his / her official capacity is hereby authorized and directed to prepare,
execute, verify, and present to the proper state authorities of the State of Michigan, and on behalf
of said _____, written application for license under as amended, authorizing
Applicant Name
the provisions of Act No. 27 of the Public Acts of 1950, Extra Session, as amended, authorizing
the conducting of said business of a/an _____, by this corporation at
Installment Seller or Sales Finance Company
_____ in the _____ of _____
Street Address City, Village, or Twp.
County of _____, State of _____ and to do all acts and perform all necessary legal
requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date
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Certificate of Resolution (For limited liability company applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Members of _____
Regular or Special
_____, a limited liability company organized under the
Applicant Name
laws of the State of _____, and doing business in the _____ of
City, Village, or Twp.
_____, County of _____, State of _____, held at the
office of said limited liability company on the _____ day of _____, _____, the following

resolution was duly and legally presented and adopted by majority vote of the Members, to wit: It
being the desire and purpose of the Members of _____ that this
Applicant Name
limited liability company doing business in the _____ of _____ that this
City, Village, or Twp.
limited liability company should take steps to engage in the business of a/an _____
Installation Seller
_____ under the provisions of Act No. 27 of the Public Acts of or Sales Finance Company
or Sales Finance Company

1950, Extra Session, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
of this limited liability company, and in his / her official capacity is hereby authorized and
directed to prepare, execute, verify, and present to the proper state authorities of the State of
Michigan, and for and on behalf of said _____, a limited liability company,
Applicant Name
written application for license under the provisions of Act No. 27 of the Public Acts of 1950,
Extra Session, as amended, authorizing the conducting of said business of a/an _____
Installation Seller
_____ by this limited liability company at _____
or Sales Finance Company Street Address
in the _____ of _____ County of _____ State of _____,
City, Village, or Twp.
and to do all acts and perform all necessary legal requirements on behalf of said limited liability
company to procure the same.

Authorized Signature	Title	Date
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Affidavit

Official Signing of Application (For corporate applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a corporation organized in the State of _____, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature	Title
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STATE OF (_____)

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Application (For partnership applicants only)

I, _____ being duly sworn, deposes and says that
Name

he/she is one of the partners of the firm of _____
Applicant Name

doing business in the _____ of _____, State of
City, Village, or Twp.

Michigan, and is legally authorized by said partnership to subscribe to and to verify the attached application for license under the provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended, for and on behalf of said partnership; has read said application and knows the contents thereof, and that the same is true of his / her own knowledge except as to those matters therein stated to be on information and belief, and so to those matters he/she believes it to be true.

Authorized Signature	Title
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STATE OF (_____)

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Application (For limited liability company applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a limited liability company organized in the State of _____, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature	Title
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STATE OF (_____)

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENT, THAT _____
Applicant Name

organized under the laws of _____ and engaged in business in the State of Michigan under the
State

provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended, constituted and appointed and by these
 presents, does make, constitute, and appoint _____
Full Name (Must be a resident of Michigan)

_____ its true and
Street, City, State, Zip Code

lawful ATTORNEY and AUTHORIZED AGENT, for it and in its name, place, and stead, upon whom all lawful process in any proceedings against it may be served and agrees that service of process on its attorney or authorized agent herein named shall be of the same legal force and validity as if served upon it, the said corporation/limited liability company, and the authority for such service and process shall continue in force as long as any liability remains outstanding against it in the State of Michigan.

In case of death, removal from the State of Michigan or any legal disability or disqualification of its attorney or authorized agent herein named, the said corporation/limited liability company does hereby appoint the Commissioner, Office of Financial and Insurance Regulation of the State of Michigan, and any successor in the office, to be its true and lawful attorney and authorized agent upon whom all lawful process in any proceeding against may be served and agrees that service of process upon the Commissioner, Office of Financial and Insurance Regulation shall be of the same legal force and validity as if served upon it, the said corporation/limited liability company, and the authority for such service and process shall continue in force as long as any liability remains outstanding against it in the State of Michigan.

IN WITNESS THEREOF the said corporation/limited liability company has caused these presents to be executed by its authorized office, this _____ day of _____, _____.

Authorized Signature	Title

STATE OF (_____)

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

(NOTARY SEAL)

 Notary Public

 My Commission Expires

License No. _____
For Official Use Only

Bond No. _____

BOND

DEPOSITORY FINANCIAL INSTITUTION – SALES FINANCE COMPANY

KNOW ALL PERSONS BY THESE PRESENTS, THAT _____
Name of Institution

_____ of _____,
Address City, Village, or Twp.

State of _____ as PRINCIPAL is held firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended, in the sum of _____ (\$20,000 – Main Office and/or \$10,000 – Branch), lawful money of the United States, to be paid to the said People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this _____ day of _____,
_____.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Regulation of said State of Michigan authorizing it to engage in the business of a Sales Finance Company under the provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended.

Now, THEREFORE, the condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of Act No. 27, Public Acts of 1950, Extra Session, as amended, and all rules and regulations lawfully promulgated there under by the Commissioner, Office of Financial and Insurance Regulation of the State of Michigan, and will pay to said State and to such person or persons, any and all monies that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said Act No. 27, Public Acts of 1950, Extra Session, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

Name of Institution

President/Vice President

Cashier/Assistant Cashier

License No. _____
For Official Use Only

Bond No. _____

BOND

NON-DEPOSITORY SALES FINANCE COMPANY AND/OR OUT-OF-STATE DEPOSITORY INSTITUTIONS

KNOW ALL PERSONS BY THESE PRESENTS, THAT _____
Name of Institution
_____ of _____, State of _____
Address City, Village, or Twp.

_____ as PRINCIPAL and _____ of _____ as SURETY are held firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended, in the sum of _____ (\$20,000 – Main Office and/or \$10,000 – Branch), lawful money of the United States, to be paid to the said People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this _____ day of _____, _____.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Regulation of said State of Michigan authorizing _____ to engage in the business of a Sales Finance Company under the provisions of Act No. 27, Public Acts of 1950, Extra Session, as amended.

Now, THEREFORE, the condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of Act No. 27, Public Acts of 1950, Extra Session, as amended, and all rules and regulations lawfully promulgated thereunder by the Commissioner, Office of Financial and Insurance Regulation of the State of Michigan, and will pay to said State and to such person or persons, any and all monies that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said Act No. 27, Public Acts of 1950, Extra Session, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective _____, _____ and shall be in force for the term ending June 30, _____. This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the Commissioner, pursuant to such regulations as may hereafter be provided.

IN PRESENCE OF:

Name of Institution

Principal

Surety

CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

By signing this Consent, I understand and agree to the following:

The information about me requested in the application is necessary to assist the Office of Financial and Insurance Regulation in evaluating the application of _____.
The information will be used to evaluate, among other things, my financial responsibility and general fitness as required by Section 8 of the Motor Vehicle Sales Finance Act.

Although submission of the information is voluntary, omissions or inaccuracies in completing the application may result in denial.

The office may also conduct an independent investigation of me, which may include but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information the office receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the office will give the application, through the person designated for contact, notice of that fact, including a statement of the statutory and factual basis which would warrant denial and the applicant's rights in respect thereto.

_____(_____)_____
NAME (PLEASE PRINT) HOME TELEPHONE NO.

RESIDENCE ADDRESS (INCLUDING CITY, STATE & ZIP) DATE OF BIRTH

DRIVER'S LICENSE NO. SOCIAL SECURITY NO.

OTHER NAMES BY WHICH I AM NOW KNOWN OR HAVE USED IN THE PAST:

SIGNATURE DATE

Please return this Consent form with the entire completed application to:

Office of Financial & Insurance Regulation
Attn: Consumer Finance Unit
P. O. Box 30220
Lansing, MI 48909