

**MOTOR VEHICLE SALES FINANCE ACT
INSTALLMENT SELLER
LICENSE APPLICATION INSTRUCTIONS (FIS 1028)**

The Director of the Department of Insurance and Financial Services 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.

GENERAL INSTRUCTIONS

1. The application for a license must be made in writing (printed in ink or typed) to the Director of the Department of Insurance and Financial Services (DIFS) on the attached forms. If, after investigation, the Director determines that the experience, character, business reputation, and general fitness of the applicant and its officers, directors, shareholders, partners, members, and affiliates command the confidence of the public and warrant belief that the applicant and its officers, directors, shareholders, partners, members, 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 Director will issue the license.
2. DIFS **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.
3. The application must contain original signatures, where applicable.
4. The **full legal** business name as well as DBAs (if applicable) must be used throughout the application. These names must match what is approved with the Michigan Corporations Division or your local county clerk’s office (including commas, periods, etc.)
5. Installment sale contracts are not required to be submitted with the installment seller application. Consult your legal counsel regarding contract compliance with the Act.
6. Notice to Notaries:
 - a. The county where the notary is authorized to sign and the county where the document was executed **must** match.
7. Mail the completed application to:

Mail Delivery Address:

DIFS-Consumer Finance Licensing Unit
PO Box 30220
Lansing, MI 48909

QUESTIONS: For assistance in completing this application, please contact the Consumer Finance Licensing Unit at 877-999-6442.

APPLICATION AND ACCOMPANYING DOCUMENTS

All Installment Seller Applicants:

- Complete pages 1 and 2 of the application.
- Submit copy of Michigan dealer license issued by the Bureau of Regulatory Services 888-767-6424. (**Note:** Include your Michigan dealer license number on page 1 of the application.)
- Complete the Confidential Background Consent Form (page 7 of application) **only if** a “Yes” response is given to the crime question on page 2 of the application. The confidential background consent form is to be completed only by the individual(s) who provided a “yes” response.
- Submit \$30.00 application fee. Make check payable to “State of Michigan.”

The following **definitions** apply to page 2 of the application:

- **Officers** include, but are not limited to, Chief Executive Officer, President, Executive or Senior Vice Presidents, Secretary, Treasurer, Chief Financial Officer, Chief Operating Officer, and Chief Compliance Officer.
- **Directors** include all members of the Board of Directors of a corporation, Board of Trustees, Executive Committee, and any other governing body.
- **Shareholders** include all owners. If applicant is a publicly traded company subject to SEC jurisdiction and filing requirements, list only those shareholders that control, directly or indirectly, 10% or more of the applicant’s outstanding voting stock.
- **Members** include all members if applicant is organized as a limited liability company.

IN ADDITION TO THE ABOVE REQUIREMENTS, COMPLETE AS APPLICABLE:

Individuals Doing Business Under Own Name:

- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Individual”)

Individual Doing Business Under an Assumed Name/Trade Name:

- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Individual”)
- Provide copy of DBA certificate issued by the county clerk’s office

Corporation:

- Complete page 3 of application – *Certificate of Resolution-Corporate Board of Directors*
- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Corporation”)
- Complete page 6 of application – *Power of Attorney*

General Partnership:

- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Partnership”)
- Provide copy of DBA certificate issued by the county clerk’s office

Limited Partnership:

- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Partnership”)
- Register with the Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau 1-517-241-6470. (Note: The full legal name registered (including commas, periods, etc.) and DBAs, if applicable, must be stated throughout the application.

Limited Liability Company:

- Complete page 4 of application – *Certificate of Resolution*
- Complete page 5 of application – *Affidavit of Official Signing of Application* (check box “Limited Liability Company”)
- Complete page 6 of application – *Power of Attorney*

Motor Vehicle Sales Finance Act Installment Seller License Application

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

Full Legal Business Name (Corporation, Limited Liability Company, Partnership, Sole Proprietorship, or Individual). Include DBAs, if applicable. Names must match what is approved with the Michigan Corporations Division or your local county clerk's office (including commas, periods, etc.).		
Physical Address		
City	State	ZIP Code
County	Township (if applicable)	Telephone Number
Mailing Address (if different than above)		Applicant Contact Person
		Title
City	State	ZIP Code
Fax Number	E-Mail Address of Contact Person	
Website Address	Federal Taxpayer I.D. Number	Dealer License Number
Other place of business in the same city conducted under the name above, with all records being maintained at the above address.		

(Check Box) This application is taking the place of a current or previously licensed entity by the name of:

STATUS OF APPLICANT: (Check appropriate box)

<input type="checkbox"/> An Individual doing business under Assumed Name/ Trade Name/Own Name	<input type="checkbox"/> A Limited Partnership
<input type="checkbox"/> An Association	<input type="checkbox"/> A General Partnership
<input type="checkbox"/> A Corporation (Put ID # below)	<input type="checkbox"/> Other – Describe:
<input type="checkbox"/> A Limited Liability Company (Put ID # below)	<input type="checkbox"/> A Limited Liability Company (Put ID # below)
Michigan ID#	Michigan ID #

1950 PA 27 requires submission of this form by applicants for a license to do business as an Installment Seller. Failure to complete and submit this form properly could result in denial, suspension or revocation of your license.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

List the names of all officers, directors, shareholders, members, and partners of the applicant. See Instructions for definitions.

Ownership **must** equal 100%. (If more space is required, please attach additional sheets as necessary.)

Name and Title	Residential Address (Street, City, State, ZIP Code)	Ownership %	
TOTAL		100%	
		YES	NO
Has any individual of your organization ever been convicted of a crime? If yes, each individual who affirmatively answers this question must complete and submit the Confidential Background Consent Form (page 7 of the application) and attach a separate sheet disclosing the facts of the conviction(s). "Crime" includes a misdemeanor, felony, or a military offense. Exclude any misdemeanor traffic citations and misdemeanor juvenile offenses.			

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

Full Legal Business Name

a corporation organized under the laws of the State of _____, and doing business
State

at _____,
Street Address City State ZIP Code

held at the office of said corporation on the _____ day of _____, the
Date Month Year

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:

Full Legal Business Name

that this corporation should take steps to engage in the business of an installment seller,
under the provisions of Act No. 27 of the Public Acts of 1950, Extra Session, as amended.

BE IT RESOLVED, that _____ as _____
Officer 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 the above named corporation, written application for license under as amended, authorizing the
provisions of Act No. 27 of the Public Acts of 1950, Extra Session, as amended, authorizing the
conducting of said business of an installment seller, by this corporation at

Street Address City State ZIP Code

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

Full Legal Business Name

a limited liability company organized under the laws of the State of _____, and doing
State

business at _____,
Street Address City State ZIP Code

held at the office of said limited liability company on the _____ day of _____,
Date Month Year

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 Members of:

Full Legal Business Name

that this limited liability company should take steps to engage in the business of an installment seller,
under the provisions of Act No. 27 of the Public Acts of 1950, Extra Session, as amended.

BE IT RESOLVED, that

_____ as _____
Officer 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 the above named limited liability company, 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 an installment seller this limited liability company at

Street Address City State ZIP Code

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

Please check as appropriate:

- Individual
- Corporation
- Partnership
- Limited Liability Company

I, _____ of

Officer Name and Title

Full Legal Business Name

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

Printed Name of Notary Public

My Commission Expires

NOTICE TO NOTARIES:

*County where notary is authorized to sign and county where document is executed **must** match.

Power of Attorney (For Corporations and Limited Liability Companies only)

KNOW ALL PERSONS BY THESE PRESENT, THAT

_____ Full Legal Business Name
organized under the laws of _____ and engaged in business in the State of
State

Michigan under the 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 or 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 Director,
Department of Insurance and Financial Services 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 Director, Department of Insurance and Financial
Services on 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 officer, this _____ day of _____, _____.
Date Month Year

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

Printed Name of Notary Public

My Commission Expires

NOTICE TO NOTARIES: *County where notary is authorized to sign and county where document is executed **must** match.

CONFIDENTIAL BACKGROUND CONSENT FORM

This form is required to be completed by any individual that answered "Yes" to crime question on Page 2 of the application.

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

The information about me requested in the application is necessary to assist the Department of Insurance and Financial Services (DIFS) in evaluating the application of:

_____ Full Legal Business Name

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.

DIFS 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.

First Name	Middle Name	Last Name	M	F
Residential Address	City	State	ZIP Code	
Home Telephone Number	Date of Birth	Social Security Number		
Driver's License Number				
Other names by which I am now known or have used in the past.				
Signature			Date	



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442