

**MOTOR VEHICLE SALES FINANCE ACT  
SALES FINANCE  
LICENSE APPLICATION INSTRUCTIONS (FIS 2311)**

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 (including commas, periods, etc.).
5. Installment sale contracts are not required to be submitted with the sales finance 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 SALES FINANCE COMPANY APPLICANTS:

- Complete pages 1 and 2 of the application.
- Complete Confidential Background Consent Form (page 9 of application).

### Non-Depository Institutions:

- Current Financial Statement
- Bond Requirement
  - Main Office - \$20,000
  - Branch Office - \$10,000
  - Licensees under the Mortgage Brokers, Lenders, and Servicers Licensing Act, the Secondary Mortgage Loan Act, or the Regulatory Loan Act - \$5,000
- Application fee. Make check payable to "State of Michigan."
  - Main Office - \$150.00
  - Branch Office (within the same state) - \$75.00 each

### Out-of-State Depository Institutions:

- Bond Requirement
  - Main Office - \$20,000
  - Branch Office - \$10,000
- Application fee. Make check payable to "State of Michigan."
  - Main Office - \$35.00
  - Branch Office - \$35.00 each

### In-State Depository Institutions:

- Bond Requirement
  - Main Office - \$20,000
  - Branch Office - \$10,000
- Application fee. Make check payable to "State of Michigan."
  - Main Office - \$35.00
  - Branch Office - \$35.00 each

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 REQUIREMENTS STATED ABOVE, 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 Sales Finance Company License Application

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

|   |   |                                     |              |
|---|---|-------------------------------------|--------------|
| <b>Full Legal Business Name</b> (Corporation, Limited Liability Company, Partnership, Sole Proprietorship, or Individual). Include DBAs, if applicable. Names <b>must</b> match what is approved with the Michigan Corporations Division (including commas, periods, etc.). |   |                                     |              |
| <b>Physical Address</b>   |   |                                     |              |
| <b>City</b>   | <b>State</b>                            | <b>ZIP Code</b>                     |              |
| <b>County</b>   | <b>Township (if applicable)</b>         | <b>Telephone Number</b>             |              |
| <b>Mailing Address (if different than above)</b>  |   | <b>Applicant Contact Person</b>     | <b>Title</b> |
| <b>City</b>   | <b>State</b>                            | <b>ZIP Code</b>                     |              |
| <b>Fax Number</b>   | <b>E-Mail Address of Contact Person</b> |                                     |              |
| <b>Website Address</b>  |   | <b>Federal Taxpayer I.D. Number</b> |              |

**STATUS OF APPLICANT:** (Check appropriate box)

|  |   |
|--|---|
| <input type="checkbox"/> An Individual doing business under Assumed Name/<br>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 a Sales Finance company. Failure to complete and submit this form properly could result in denial, suspension or revocation of your license.

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



**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](http://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.

Is applicant a publicly traded company? Yes  No

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 % |           |
|--|---|-------------|-----------|
|  |   |             |           |
|  |   |             |           |
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|  |   |             |           |
|  |   |             |           |
| <b>TOTAL</b>   |   | <b>100%</b> |           |
|  |   | <b>YES</b>  | <b>NO</b> |
| Has any individual of your organization ever been convicted of a crime? If yes, each individual who affirmatively answers this question must attach a separate sheet disclosing the facts of the conviction(s) in addition to completing and submitting the Confidential Background Consent Form (page 9 of the application). "Crime" includes a misdemeanor, felony, or a military offense. <b>Exclude</b> 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 a 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 \_\_\_\_\_  
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 a sales finance company, 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 |
|----------------------|-------|------|

### 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 \_\_\_\_\_,  
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:

\_\_\_\_\_  
Applicant Full Legal Business Name

that this limited liability company should take steps to engage in the business of a 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 \_\_\_\_\_  
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 a sales finance company by 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 |
|----------------------|-------|------|

# 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 |
|----------------------|-------|

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 |
|----------------------|-------|

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.

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

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 \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year

Whereas, the above bounden principal has received, or is about to receive, a license from the Director, Department of Insurance and Financial Services 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 Director, Department of Insurance and Financial Services 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

License No. \_\_\_\_\_  
For Official Use Only

Bond No. \_\_\_\_\_

# BOND

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

KNOW ALL PERSONS BY THESE PRESENTS, THAT \_\_\_\_\_  
Name of Institution

\_\_\_\_\_ of \_\_\_\_\_, State of  
Address City, Village, or Twp.

\_\_\_\_\_ as PRINCIPAL and \_\_\_\_\_ as  
State Surety Name

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 \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year

Whereas, the above bounden principal has received, or is about to receive, a license from the Director, Department of Insurance and Financial Services of said State of Michigan authorizing

\_\_\_\_\_ to engage in the business of a Sales Finance  
Applicant Full Legal Business Name

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 Director, Department of Insurance and Financial Services 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  
Date Month Year  
term ending June 30, \_\_\_\_\_. This bond may be continued in force for an additional term or  
Year

terms by suitable continuation certificates executed by the surety with the approval of the Director, pursuant to such regulations as may hereafter be provided.

IN PRESENCE OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

## CONFIDENTIAL BACKGROUND CONSENT FORM

This form is required to be completed by all Non-Depository Sales Finance Companies and Out-of-State Depository Institutions.

**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](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442