STATE OF MAINE

BUREAU OF CONSUMER CREDIT PROTECTION

### 35 STATE HOUSE STATION

### AUGUSTA, ME 04333-0035

TELEPHONE: (207) 624-8527 FAX: (207) 582-7699

## MAINE CONSUMER CREDIT CODE

**GENERAL CREDITOR BRANCH APPLICATION**

In accordance with the provisions of the Maine Consumer Credit Code, this notification is hereby filed with the Superintendent of the Bureau of Consumer Credit Protection.

1. **Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **D/B/A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FEIN/SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Main Office Registration Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Branch Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_

1. **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Location of Records of Credit Transactions:**
3. **Notification Fee:** Please enclose a notification fee of $10 for each new branch location registration being applied for.

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

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

 Signature

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Typed or Printed Legibly

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN WITH PROPER FEES TO:**

**Bureau of Consumer Credit Protection, 35 State House Station, Augusta, ME 04333-0035**

ALL CHECKS MUST BE MADE PAYABLE TO “TREASURER, STATE OF MAINE”

Maine law (5 M.R.S.A. §130) requires assessment of $20 for any check returned for insufficient funds.

##### NOTICE REGARDING PUBLIC INFORMATION

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website.