**\* BRANCH APPLICATION \***

**EXCHANGE FACILITATOR LICENSE APPLICATION**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

#### AUGUSTA, MAINE 04333-0035

**Phone:** **(207)624-8527**

**Fax: (207) 582-7699**

***FOR OFFICE USE ONLY***

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CC [ ] CHECK [ ] CHECK #:\_\_\_\_\_\_\_\_\_\_\_\_

CASH NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of 10 M.R.S.A., Chapter 212-C, §1395 *et seq*., *Maine Regulation Exchange Facilitators*, application is hereby made for a branch License as an Exchange Facilitator.

**1. FULL COMPANY TRADE NAME (INCLUDING D/B/A):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. ADDRESS OF BRANCH OFFICE TO BE LICENSED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**TELEPHONE**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. ADDRESS OF HOME OFFICE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FED**. **ID #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. HOME OFFICE LICENSE #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXPIRATION DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RECORDS LOCATION:** If loan records will not be stored at this branch location, list the location where

they will be stored:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. CONTACTS:** Include the names, addresses, telephone and fax numbers and e-mail addresses of the following person to contact for:

**Scheduling of our Compliance Examinations**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Consumer Complaint Resolution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**7. FINANCIAL RESPONSIBILITY**: Please provide proof that the applicant has complied with the financial responsibility portions of the law, that require exchange facilitators to arrange for, maintain or deposit the following procedure, surety or funds:

1. Arrange to deposit all exchange funds in a qualified escrow account or qualified trust, as those terms are defined under United States Treasury Regulation Section 1.103(k)(1)(g)(3), with a financial institution and provide that any withdrawals from that escrow account or trust require that person’s and the client’s written authorization.
2. Maintenance of a fidelity bond or bonds in an amount not less than $250,000, executed by an insurer authorized to business in the State of Maine;
3. Deposit cash or securities or irrevocable letters of credit in an amount not less than $250,000 in an interest bearing deposit account or a money market account with a financial institution (interest on that amount accrues to the exchange facilitator); or
4. **INSURANCE or ALTERNATIVE COVERAGE**: Please provide proof that the applicant has complied with

the insurance or alternate coverage provision of the law that requires exchange facilitators either:

1. Maintain an errors and omissions insurance policy in an amount not less than $100,000, executed by an insurer authorized to do business in the State of Maine; or

2) Deposit an amount of cash or securities or irrevocable letters of credit in an amount not less than $100,000 in an interest‑bearing deposit account or a money market account with a financial institution (interest on that amount accrues to the exchange facilitator).

1. **APPLICATION FEE:** Include a license fee for each branch location of $200. Each branch location must complete a separate application.

**10. APPLICATION DATE:** Licenses expire on December 31st of each year.

**Maine law [5 M.R.S.A. §130 (1991)] requires assessment of $20 for any check returned by your bank for insufficient funds.**

(If a Corporation, affix corporate seal here)

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

(Signature)

#### Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

, ss. , 20\_\_\_\_\_

Personally appeared the above-named and made oath to the truth of the statements subscribed,

Before me,

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

Notary Public/Justice of the Peace

**Maine law [5 M.R.S.A. §130 (1991)] requires assessment of $20.00 for any check returned by your bank for insufficient funds.**

PLEASE MAIL YOUR APPLICATION ADDRESSED AS FOLLOWS:

**REGULAR MAIL (US Postal Service)**: **EXPRESS MAIL (Other than US Postal Service)**:

STATE OF MAINE STATE OF MAINE

BUREAU OF CONSUMER CREDIT PROTECTION BUREAU OF CONSUMER CREDIT PROTECTION

35 STATE HOUSE STATION 76 NORTHERN AVENUE

AUGUSTA, ME 04333-0035 GARDINER, ME 04345

##### 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, fingerprint cards, residential addresses of officers and applicants’ credit reports) 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, registration number, mailing address and other information listed on this application may be posted on the State’s website**.