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| **STATE OF MAINE** |
| **BUREAU OF FINANCIAL INSTITUTIONS** |
| **36 STATE HOUSE STATION** |
| **AUGUSTA, MAINE 04333-0036** |
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| **PAYROLL PROCESSOR LICENSE APPLICATION and RENEWAL** |
| Supervised Financial Organization or Subsidiary |
| **(10 M.R.S.A., Section 1495 et seq.)** |

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| **GENERAL INSTRUCTIONS** |
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| Title 10 MRSA, Chapter 222, “Payroll Processors”, was enacted by the 121st Maine Legislature. This law requires that a supervised financial organization or its subsidiary that is engaged in, or plans to engage in, the business of providing payroll processing services for employers in Maine submit an application for a license from the Bureau of Financial Institutions. The legislation requires proof of insurance and bonding and authorizes annual renewals as well as examination of the payroll processor by the Bureau of Financial Institutions not less frequently than every 18 months. A copy of the legislation and the surety bond form are included with this application. Applicants are required to submit the enclosed application form to the Bureau, along with the Supplemental Requirements described below. |
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| **SUPPLEMENTAL REQUIREMENTS** |
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| In addition to the completed application form, each applicant must submit the following 4 documents, which will become part of the application: |
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| 1. Proof of filing with the Maine Bureau of Corporations for a certificate of authority to conduct business in this state;
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| 1. If the applicant is not a chartered financial institution, a copy of its articles of incorporation and bylaws or articles of organization and membership agreement;
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| 1. Proof of fidelity insurance. *(See 10 MRSA §1495-D(2)).*
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| At the applicant’s option, this coverage may be in the form of a fidelity bond, employee dishonesty bond, 3rd party fidelity coverage, or liability insurance, including crime coverage. The amount of the coverage must be 2 times the highest weekly payroll processed by the applicant in the preceding year or $5 million, whichever is less; |
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| 1. A fee must be submitted with the application and must be made payable to “Treasurer, State of Maine.” The fee is based upon the number of clients served by the applicant as follows: *(See 10 MRSA §1495-D(4)).*
 |
| **Number of Payroll Processing Clients***(at time of application)* | **Application Fee** |
| Fewer than 25 employers  | $200 |
| 25 to 500 employers | $500 |
| More than 500 employers | $800 |

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| **ADDITIONAL SUPPLEMENTAL REQUIREMENTS FOR CERTAIN APPLICANTS** **If the applicant has the authority to access, control, direct, transfer or disburse a client’s funds, then it must submit the following additional documents:** |

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| **A:** | A completed “Payroll Processor Bond - Maine” surety bond form in an amount required as determined by quarterly payments or confirmation of such coverage. *(See 10 MRSA §1495-D(3)). Please complete the following table and submit this page with the application:* |
| **Withholdings paid to taxing authorities****during previous****calendar year** | **1st Quarter****January 1****through****March 31** | **2nd Quarter****April 1****through****June 30** | **3rd Quarter****July 1****through****September 30** | **4th Quarter****October 1****through****December 31** |
| Local, state and federal tax payments: |  |  |  |  |
| Unemployment contributions: |  |  |  |  |
| **Total payments:** |  |  |  |  |
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| The amount of the surety bond must equal the highest quarterly amount of “total payments” shown above or $50,000, whichever is greater, but not to exceed $500,000.  |
| The surety bond must be obtained by using the enclosed bond form. |
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|  | **If the surety bond has been provided to the Superintendent previously, submit confirmation by the surety that the bond continues in full force and effect. The confirmation must include the original, notarized signature of an agent of the surety with appropriate authority to make such confirmation.** |
| **B:** | A sample of the periodic report to employer(s) that includes: *(See 10 MRSA §1495-B(3)).* |
|  | (1) | funds received from that employer; and |
|  | (2) | aggregate amounts disbursed for (a) payroll; (b) each category of local, state and federal tax; and (c) unemployment compensation premiums. |
| **C:** | A sample of the periodic notification to employer(s) regarding the method(s) whereby each employer may verify that payments have been made and properly credited on behalf of the employer: *(See 10 MRSA §1495-B(4))*. |
| **D:** | A sample of the disclaimer provided to employers regarding limitation of the surety bond. *(See 10 MRSA §1495-B(5)).* |

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| **PLEASE SUBMIT COMPLETED APPLICATION AND SUPPLEMENTS TO:** |
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| ***MAINE BUREAU OF FINANCIAL INSTITUTIONS*** |
| ***36 State House Station*** |
| ***Augusta, ME 04333-0036*** |
| ***Offices located at 76 Northern Avenue, Gardiner, Maine 04345*** |
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| **If you have any questions regarding this form, please contact Principal Examiner Amanda Asfahl at** **(207) 624-8581 or *Amanda.L.Asfahl@Maine.Gov*.** |

**STATE OF MAINE**

**BUREAU OF FINANCIAL INSTITUTIONS**

**36 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0036**

**PAYROLL PROCESSOR LICENSE APPLICATION and RENEWAL**

##### Supervised Financial Organizations

**(10 M.R.S.A., Section 1495 et seq.)**

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| Application is hereby made for a Renewal License as a Payroll Processor in accordance with the provisions of 10 M.R.S.A., Chapter 222, §1495 *et seq*., *Maine Regulation of Trade – Payroll Processors.* |

**Please furnish the information requested below.**

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| 1. Name Of Organization (including d/b/a): |  |
| 2. Address: |  |
| 3. City/Town: |  | State: |  | Zip: |  |
| 4. Telephone: |  | Fax: |  |
| 5. Internet Address: |  |
| 6. Location of payroll processor records : |
| City/Town: |  | State: |  | Zip: |  |
| Telephone: |  | Fax: |  |
| 7. Provide the following information for the person to be contacted for the scheduling of our compliance examination: |
| Name:  |  |
| Address: |  |
| City/Town: |  | State: |  | Zip: |  |
| Telephone: |  | Fax: |  |
| E-Mail Address: |  |

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| 8. Provide the following information for the person to be contacted for complaint resolution: |
| Name:  |  |
| Address: |  |
| City/Town: |  | State: |  | Zip: |  |
| Telephone: |  | Fax: |  |
| E-Mail Address: |  |
| 9. Designated agent upon whom service of process may be made in the State of Maine: |
| Name:  |  |
| Address: |  |
| City/Town: |  | State: |  | Zip: |  |
| Telephone: |  | Fax: |  |
| E-Mail Address: |  |

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| 10. Identify the business structure of your organization: |

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|  | Commercial Bank |  | Holding Company |
|  | Savings Bank |  | Holding Company Subsidiary |
|  | Savings and Loan Association |  | Bank Subsidiary |
|  | Credit Union |  | Other (please specify) |  |
|  | Universal Bank |  |
|  | Limited Purpose Bank |  |

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| 11. State of Incorporation: |  | Date of Incorporation: |  |

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| 12. Federal Tax Identification Number:  |  |

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| 13. Identify the business activities in which the applicant engages (check all that apply): |
|  | Prepares and issues payroll checks |
|  | Prepares and files state income tax withholding or unemployment insurance reports |
|  | Collects, holds and turns over to the State Tax Assessor, income withholding taxes or unemployment insurance contributions. |

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| 14. Does the applicant have the authority or ability to access, control, direct, transfer or disburse a client’s funds? |
| YES: |  | NO: |  |  |
| **If the applicant responds “no” to this question, skip to item #15. If the applicant responds “yes” to this question, then it must submit the documents listed below. Please enter the amount of the surety bond and check the appropriate boxes to indicate that the documents listed below are included with this application:** |
|  | Surety bond or confirmation of surety bond in the amount of  | $ | . |
|  | Sample periodic report to employers. |
|  | Sample periodic notification to employers. |
|  | Sample disclaimer to employers. |

15.

# CERTIFICATION

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| **By checking the box below, I hereby certify that the statements in this application are true and correct to the best of my knowledge and belief.** |
| Certification Box: |  | **To be used if submitting electronically.** |
| Signature: |  | **Signature required if not submitting electronically.** |
| Dated this |  | **Day of**  |  | **, 20**  |
| **Name Typed or Printed Legibly** |  |
| **Title** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-MAIL Address** |  |
| **Name of Financial Institution** |  |

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| Notice regarding Public Information |
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| **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 federal tax identification number, residential addresses of officers, and non-public business information) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your company’s name, license number, mailing address and other information listed on this application may be posted on the State’s website**.  |