



CONSUMER FINANCIAL SERVICES ENTITY LICENSE APPLICATION

1. Consumer Financial Services ("CFS") Entity Name (include all DBA(s)): _____

2. CFS Entity Address: _____

3. CFS Entity Website: _____

4. A description of CFS services: _____

5. FEIN (if applicable): _____

6. List the jurisdiction where CFS Entity was formed: _____

7. List CFS Entity Registered Agent(s): _____

8. List Indian tribe(s), tribal business(es), or tribal political subdivision(s) and contact information with whom CFS has a business relationship: _____

9. List any lawsuit* for the past 5 years in which the CFS Entity is a named party (use additional sheets of paper, if necessary):

*Lawsuits include Tribal, State, and Federal courts including US Bankruptcy Court

10. Has the CFS Entity ever been denied a license or had a license revoked in any jurisdiction?
___ Yes or ___ No. If yes, please explain: _____

11. List any State or Federal administrative or other regulatory action(s) for the past 5 years, if necessary (Provide a description of any regulatory judgement or decisions, and disclosure of any anticipated or pending regulatory actions)

CONSUMER FINANCIAL SERVICES ENTITY PRINCIPAL CONTACT INFORMATION

12. Name: _____

13. Title: _____

14. Contact Number(s): _____

15. Email Address(es): _____



16. Identify each of the following individuals, if applicable, using Schedule 5.2(b)(attached): owners, officers, directors, principal management employees and each shareholder owning more than a 10% interest in the CFS Entity (unless the Owner is the Lac Vieux Desert Band of Lake Superior Chippewa Indians – please proof of Tribal ownership).

17. To complete your application, you must remit the required application fee and attach the following supporting documentation:

- Articles of Organization or Incorporation;
- Certificate of Good Standing (or equivalent);
- A list of all shareholders owning more than a 10% interest in the CFS Entity (unless the Owner is the Lac Vieux Desert Band of Lake Superior Chippewa Indians – please submit proof of Tribal ownership);
- A list of current or previous licenses, or equivalent from another jurisdiction, if any; and
- A current organization chart for the CFS Entity

FOREIGN BUSINESS ENTITIES

Additional fees may apply for licensure of foreign business entities. Processing times may also be enlarged due to the time needed to perform background checks in foreign jurisdictions. If you are a foreign business entity, please allow at least 90 days for the processing of your CFS Entity application.

CONSUMER FINANCIAL SERVICES ENTITY ACKNOWLEDGMENT & RELEASE OF INFORMATION

By signing this Application, you confirm, on behalf of the CFS Entity, that the information contained in this Application is true and correct. You authorize the Tribal Financial Services Regulatory Authority to verify any information in this Application before issuing a License. Verification may include, but is not limited to, investigating criminal history, credit history, licensing history, and Tribal, State, and Federal Court filing information. Further, you acknowledge, on behalf of the CFS Entity, that if a License is issued that the CFS Entity submits to the jurisdiction of the Tribe and that the CFS Entity will abide by all applicable Tribal and federal laws, regulations, and policies. Finally, the CFS Entity acknowledges that any false statement or omission in this Application may result in a denial of a license.

Please submit the completed Application and supporting documentation along with the requisite Application Fee. See the attached TFSRA Fee Schedule. Make checks payable to Lac Vieux Desert Band of Lake Superior Chippewa Indians. Foreign business entities may be charged the actual cost of necessary background checks beyond the customary application fee. These additional costs will be billed to the CFS Entity.

Signature: _____

Date: _____

Printed or Typed Name: _____



SCHEDULE 5.2(b)

Pursuant to Section 5.2(b)(1)-(3) of LVD Consumer Financial Services Regulatory Code, each of the following individuals are required to submit information supporting their CFS Entity application:

- Owners, officers, Directors
- Principal Management Employees
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Operating Officer
 - General Manager
- Shareholder owning more than a 10% interest in the CFS Entity (unless the Owner is the Lac Vieux Desert Band of Lake Superior Chippewa Indians)

1. Name: _____

2. Title: _____

3. Date of Birth: _____

4. Social Security Number: _____

5. Personal Address: _____

6. State/County of Residence (List last 7 years, include mos./yrs. of residency): _____

7. Contact Number(s): _____

8. Email Address(es): _____

9. List Criminal Convictions, including pleas (if applicable): (List of your conviction dates, charges, pleas, and circumstances surrounding charges or pleas. Use additional sheets of paper, if necessary) (Minor traffic violations do not need to be included, i.e. speeding tickets, parking tickets, etc.):

10. List Civil Suits to which you have been a party in Tribal, State, or Federal courts, including any bankruptcy cases filed (if applicable): (List any lawsuits or bankruptcies in which you are named as a party. Use additional Sheets of paper, if necessary)

11. List any State or Federal administrative or other regulatory action(s) for the past 5 years, if necessary (Provide a description of any regulatory judgement or decisions, and disclosure of any anticipated or pending regulatory actions)



REQUIRED ATTACHMENTS

Please attach 2 forms of identification. Acceptable forms of identification may be a valid driver's license, a valid state I.D., a Social Security Card(s), a Tribal I.D., or a valid passport.

ACKNOWLEDGMENT & RELEASE OF INFORMATION

By signing this application, you confirm that the information contained in this Application is true and correct. You also authorize the Tribal Financial Services Regulatory Authority to verify any information in this Application before issuing a License. Verification may include, but is not limited to, investigating criminal background(s), credit history, licensure history and Tribal, State, and Federal Court filing information. Further, you acknowledge that if a License is issued that you shall submit to the jurisdiction of the Tribe and that you will abide by all applicable Tribal and federal laws, regulations, and policies. Finally, you also acknowledge that any false statement or omission in this application may result in a denial of the issuance of a license

Signature: _____ Date: _____

Printed or Typed Name: _____