

**N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P O BOX 473
TRENTON, NJ 08625**

BRANCH OFFICE INSTRUCTIONS

1. Indicate the type of branch license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. Application must be properly signed and dated. Signatures must be witnessed by a notary public or attorney.
5. Send a company check or money order made payable to: **Treasurer, State of New Jersey.** The check must be in the amount listed in the schedule below for the license type selected on the application. Personal checks are not accepted.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Motor Vehicle Installment Seller	\$300.00
Home Repair Contractor	\$300.00
Home Finance Agency	\$400.00
Pawnbroker	\$500.00
Check Casher	\$700.00
Insurance Premium Finance Company	\$500.00
Non-Profit Debt Adjuster	\$300.00

NOTE: All fees submitted with an application are NON-REFUNDABLE.

Questions regarding an application may be directed to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
P.O. Box 473
Trenton, NJ 08625

For Overnight delivery:

Licensing Services Bureau:
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08608

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

BRANCH APPLICATION

INDICATE TYPE OF LICENSE:		
Insurance Premium Finance Co	Non-Profit Debt Adjuster	Home Finance Agency

TYPE OR PRINT CLEARLY

- 1. Name of Applicant: _____
D/B/A or Trade Name (if applicable) _____
- 2. Principal address as it appears on license: _____
_____ Reference No. _____
- 3. Address of branch office to be licensed(include, city, state, county & zip code) _____

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a banking license and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signature of Corporate President, Partner, Sole Proprietor

Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)