**STATE OF MAINE**

**EXCHANGE FACILITATOR LICENSE APPLICATION**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0035**

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

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

***FOR OFFICE USE ONLY***

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

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

CASH [ ] CC [ ] CHECK [ ]

CHECK NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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1. **ADDRESS (PRINCIPAL LOCATION)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMAIL ADDRESS:**

**WEBSITE:**

1. **RECORD LOCATION**: List the location of all exchange facilitator records that are **not** stored at the above location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4) **CONTACT PERSONS:** Include the names, titles, mailing addresses, telephone numbers and e-mail addresses of the persons to contact for:

Scheduling of Compliance Examinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **BUSINESS INFORMATION** (please attach separate sheets as necessary):

Business Type:

[ ]  Sole Proprietorship (List name of proprietor)

[ ]  Partnership (List Partners)

[ ]  Corporation

[ ]  LLC

[ ]  LLP (List Partners)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INFORMATION ON INDIVIDUALS:** On a separate piece of paper, list the names(s), address(s) and social security number(s) of (as applicable) the sole proprietor, the partners, or the top five (5) corporate officers, LLC shareholders or LLP Partners.
2. **RÉSUMÉS:** Provide copies of résumés of:
	1. A sole proprietor;
	2. The executive officers of a corporate applicant;
	3. The manager of an LLC or LLP;
	4. All partners of a partnership; and
	5. The person who will oversee the daily operations of the registered office and its personnel.
3. **CORPORATION, LLC’s or LLP’s (if applicable).**
	1. Name and address of Designated Agent upon whom service of process may be made in this state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Enclose a copy of Articles of Incorporation and By-laws or other formative documents.
	3. Federal I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **FINANCIAL RESPONSIBILITY**: Please provide proof that the applicant has met the financial responsibility portions of the law, by complying with at least one of the following three requirements:
5. The Exchange facilitator must 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; or
6. The Exchange Facilitator must maintain 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; or
7. The Exchange Facilitator must 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).
8. **INSURANCE or ALTERNATIVE COVERAGE**: Please provide proof that the applicant has complied with the insurance or alternate coverage provision of the law, that require that exchange facilitators either:
9. 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
10. 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).
11. **CONVICTIONS:** Has any individual listed in response to Question 6 been convicted of a violation of consumer financial statutes of this state or any other state or served as a proprietor, partner, officer, director or employee of any organization that has had its registration/license revoked or suspended under these statues during the term of service of the individual?

(If answered “YES”, furnish details on separate sheet.)

1. **CONTRACT** **FORMS**: Provide a sample contract or written agreement and related forms of the type that will be utilized with Maine customers.
2. **APPLICATION FEE**: Your license will be valid for up to 1 year. The application fee is $350 for the first licensed location, and $200 for each additional branch office. Make check payable to, “Treasurer, State of Maine.”
3. **APPLICATION DATE:** Licenses expire on December 31st of each year.

(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,

 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) is public information. Other registration 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.