



IN THE MISSOURI DIVISION OF FINANCE

MISSOURI SECURE AND FAIR ENFORCEMENT
FOR MORTGAGE LICENSING ACT

APPLICATION FORM TO OPERATE AS A RESIDENTIAL MORTGAGE LOAN BROKER

PART I - APPLICATION FOR A NEW MISSOURI RESIDENTIAL MORTGAGE LOAN BROKER LICENSE

Any person, corporation, company, limited liability company, partnership or association (unless engaged solely in commercial mortgage lending, or exempt as provided in section 443.703 or pursuant to regulations promulgated as provided in sections 443.701 to 443.893 of the Act) intending to operate as a licensee shall file an Application for a Missouri Residential Mortgage Loan Broker License. Each NEW APPLICATION shall be accompanied by a *non-refundable* investigation fee of \$300.00. Upon completion of an investigation and final approval, a license fee of \$600.00 shall be paid to the Division of Finance.

This form must be filed with the Division of Finance, Mortgage Licensing Section, Harry S Truman State Office Building, Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716.

The statements contained in the application form must be accurate as of date of execution. EVERY QUESTION MUST BE ANSWERED. "N/A" should be used if not applicable.

This form is authorized by the Missouri Secure and Fair Enforcement for Mortgage Licensing and Residential Mortgage Brokers Licensing Act, section 443.701, et seq. ("Act"), and by the 20 CSR 1140-30 series of regulations. Terms contained in this form shall be construed as defined at section 443.703.1.

APPLICANT/LICENSEE NAME _____

ADDRESS _____

CITY, STATE, ZIP _____, _____, _____

CONTACT PERSON/TITLE _____

CONTACT PHONE (____) _____ - _____ FAX NUMBER (____) _____ - _____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

1.(a) FULL LEGAL NAME OF APPLICANT/LICENSEE:

1.(b). CHECK ONE OF THE FOLLOWING TO INDICATE THE TYPE OF FORM:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION ASSOCIATION

ATTACH COPY OF FICTITIOUS NAME CERTIFICATE FROM SECRETARY OF STATE'S OFFICE.

PLEASE PROVIDE US WITH A LIST OF:

DIRECTORS (Corporation)

_____	_____
_____	_____
_____	_____
_____	_____

PRINCIPAL SHAREHOLDERS (Owns/controls 10% or more of any stock)

_____	_____
_____	_____
_____	_____
_____	_____

PARTNERS (Partnership)

_____	_____
_____	_____
_____	_____
_____	_____

MEMBERS (Limited Liability Company)

_____	_____
_____	_____
_____	_____
_____	_____

ANY PERSON/ENTITY THAT INFLUENCES MANAGEMENT (not including those shown above), INCLUDING EXECUTIVE OFFICERS

_____	_____
_____	_____
_____	_____
_____	_____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

2.(a) IF ANY JUDGMENTS HAVE BEEN ENTERED AGAINST APPLICANT/LICENSEE, LIST HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER:

2.(b) IF ANY PETITIONS FOR BANKRUPTCY IN THE PRECEDING TEN YEARS, EITHER VOLUNTARY OR INVOLUNTARY, HAVE BEEN FILED CONCERNING APPLICANT/LICENSEE, PLEASE LIST HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER:

2.(c) LIST THE TITLE(S) AND CASE NUMBER(S) AND A BRIEF DESCRIPTION OF ALL PENDING LITIGATION FILED IN THE STATE OF MISSOURI INVOLVING THE APPLICANT/LICENSEE: (Attach additional sheets if required.)

2.(d) IF APPLICANT/LICENSEE HAS BEEN CONVICTED, INDICTED OR PLEADED NOLO CONTENDRE ON ANY CRIMINAL MATTER INVOLVING DISHONESTY OR BREACH OF TRUST IN ANY STATE OR FEDERAL COURT, PLEASE LIST CASE NUMBER HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER.

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

3. EACH DIRECTOR, OFFICER, PARTNER, MEMBER AND PROPRIETOR MUST COMPLETE THE ENCLOSED RESUME.

4.(a) PLEASE LIST THE NAME OF CHIEF OPERATING OFFICER, OR CHIEF EXECUTIVE OFFICER: (If the address is the same as on Page 1 complete only name, title and phone.)

Name _____ Title _____

Business Phone (_____) _____ - _____

Address _____

City, State, Zip _____, _____, _____

4.(b) FULL SERVICE MISSOURI OFFICE(S) (if different from that listed on page 1):

Address _____

City, State, Zip _____, _____, _____

Business Phone (_____) _____ - _____ Branch Manager _____

4.(c) ADDRESSES AND TELEPHONE NUMBERS OF ALL ADDITIONAL OFFICES IN MISSOURI: (Attach additional sheets if required.)

Name - office _____

Address _____

City, State, Zip _____, _____, _____

Contact name/title _____

Business Phone (_____) _____ - _____

Name - office _____

Address _____

City, State, Zip _____, _____, _____

Contact name/title _____

Business Phone (_____) _____ - _____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

5. LOCATION OF BOOKS AND RECORDS OF LICENSEE: (If address is the same as on page 1, then you may just list the contact person and phone number.)

5.(a) Accounting Records:

Contact-Person _____

Contact-Phone _____

Address _____

City, State, Zip _____, _____, _____

5.(b) Mortgage Records (Loan Files, Servicing Files, Secondary Marketing Files): (Attach additional sheets if required.)

Contact-Person _____

Contact-Phone _____

Address _____

City, State, Zip _____, _____, _____

6. LIST ALL MORTGAGE LOAN ORIGINATORS WHO ARE COMPENSATED IN ANY MANNER BY YOU OR YOUR FIRM FOR ASSISTANCE IN THE PERFORMANCE OF ACTIVITIES REGULATED BY THIS ACT. (Attach additional sheets if required.)

Name _____

Address _____

City, State _____, _____

Zip _____ Business Phone (_____) _____ - _____

NMLS Unique Identifier _____

Name _____

Address _____

City, State _____, _____

Zip _____ Business Phone (_____) _____ - _____

NMLS Unique Identifier _____

Name _____

Address _____

City, State _____, _____

Zip _____ Business Phone (_____) _____ - _____

NMLS Unique Identifier _____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

Name _____
Address _____
City, State _____,
Zip _____ Business Phone (_____) _____ - _____
NMLS Unique Identifier _____

Name _____
Address _____
City, State _____,
Zip _____ Business Phone (_____) _____ - _____
NMLS Unique Identifier _____

6.(a). PLEASE INDICATE BELOW YOUR ACTIVITIES IN MISSOURI: (If more than one applies, please provide % for each activity.)

___ BROKERING	_____%	___ FUNDING	_____%
___ SERVICING	_____%	___ PURCHASING	_____%
___ OTHER, EXPLAIN	_____%	_____	

7. PLEASE IDENTIFY THE LENDERS/INVESTORS WHERE APPLICATIONS/LOANS ARE BROKERED/SOLD. (Attach additional sheets if required.)

Name _____
Address _____
City, State, Zip _____,
Business Phone (_____) _____ - _____

Name _____
Address _____
City, State, Zip _____,
Business Phone (_____) _____ - _____

Name _____
Address _____
City, State, Zip _____,
Business Phone (_____) _____ - _____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

8.(a) DO YOU OWN AT LEAST 5% OR MORE OF:

(Check appropriate answers.)

	YES	NO
A TITLE COMPANY?	—	—
AN APPRAISAL COMPANY	—	—
A REAL ESTATE COMPANY	—	—
A CREDIT REPORT COMPANY?	—	—
A CREDIT SERVICE (credit repair) COMPANY?	—	—

If yes, please give name, address, and relationship with entity: _____

8.(b) HAS THE LICENSEE HAD BORROWINGS FROM A TITLE COMPANY OR REAL ESTATE DEVELOPER? IF SO, PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER, AND CONTACT PERSON OF ENTITY. _____

9. LIST ALL OTHER BUSINESS LICENSES (MISSOURI or other states) CURRENTLY HELD BY YOU OR YOUR FIRM:

10. LIST ALL LICENSES WHICH YOU OR YOUR FIRM HAVE APPLIED FOR AND BEEN DENIED AND/OR ANY AND ALL LICENSES ISSUED TO YOU OR YOUR FIRM WHICH WERE SUBSEQUENTLY SUSPENDED OR REVOKED:

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

11. LIST ALL STATES IN WHICH YOU ARE LICENSED TO ENGAGE IN, OR ARE ENGAGED IN, RESIDENTIAL MORTGAGE LOAN BROKER/LENDING ACTIVITY.

12. HAS THE LICENSEE REPURCHASED ANY LOANS IT FUNDED SINCE THE LAST RENEWAL APPLICATION WAS FILED (in any state)?

IF YES, FROM WHOM REPURCHASED: _____

WHEN? _____ HOW MUCH? (\$) _____ HOW MANY LOANS? _____

13. PLEASE ATTACH A COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION (if applicable).

14. PRIMARY BANK INFORMATION:

Name _____
Address _____
City, State, Zip _____,
Telephone Number (_____) _____ - _____
Account Number _____

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

15. UNDER PENALTY OF PERJURY, I (WE) STATE THAT ALL OF THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND FURTHER STATE THAT AS THE APPLICANT/LICENSEE:

- (a) Will maintain at least one full-service office within the state of Missouri as provided in section 443.857;
- (b) Will maintain staff reasonably adequate to meet the requirements of section 443.857;
- (c) Will keep for thirty-six months the same written records as required by the federal Equal Credit Opportunity Act, 15 U.S.C. 1691, et seq., and any other information required by rules of the director;
- (d) Will timely file any report required pursuant to sections 443.701 to 443.893;
- (e) Will not engage, whether as principal or agent, in the practice of rejecting residential mortgage applications or varying terms or application procedures without reasonable cause, on real estate within any specific geographic area from the terms or procedures generally provided by the residential mortgage loan broker within other geographic areas of the state;
- (f) Will not engage in fraudulent home mortgage underwriting practices;
- (g) Will not make payments for the purpose of improperly influencing the independent judgment of an appraiser;
- (h) Has filed state and federal tax returns for the past three years or filed a statement with the director as to why no return was filed;
- (i) Will not engage in any activities prohibited by section 443.863;
- (j) Will not knowingly misrepresent, circumvent or conceal any material particulars regarding a transaction to which the applicant is a party;
- (k) Will disburse funds in accordance with the applicant's agreements through a licensed and bonded disbursing agent or licensed real estate broker;
- (l) Has not committed any crime against the laws of this state, or any other state or of the United States, involving moral turpitude, fraudulent or dishonest dealings and that no final judgment has been entered against the applicant in a civil action on grounds of fraud, misrepresentation or deceit which has not been previously reported to the director;
- (m) Will account for and deliver to any person any property as agreed or required by law, or, upon demand of the person entitled to such accounting and delivery;
- (n) Has not engaged in any conduct which would be cause for denial of a license;
- (o) Has not become insolvent;
- (p) Has not submitted an application which contains a material misstatement;
- (q) Has not demonstrated negligence or incompetence in the performance of any activity required to hold a license under sections 443.701 to 443.893;
- (r) Will advise the director in writing of any changes to the information submitted on the most recent application for license within forty-five days of such change. The written notice must be signed in the same form as the application for the license being amended;
- (s) Will comply with the provisions of sections 443.701 to 443.893, or with any lawful order or rule made thereunder;
- (t) Will submit to periodic examinations by the director as required by sections 443.701 to 443.893;
- (u) Will advise the director in writing of any judgments entered against, and bankruptcy petitions by, the license applicant within five days of the occurrence of the judgment or petition; and
- (v) Will implement appropriate systems of supervision, management, and control to assure that each employee engaged in the activities of a mortgage loan originator does so in compliance with sections 443.701 to 443.893, and will promptly report any detected violations or apparent violations to the director within thirty days of detection.

PART II - APPLICANT/LICENSEE INFORMATION (including principal shareholders, members, partners, directors, and any others who influence management of the entity)

SIGNATURE(S) OF PERSON(S) REQUIRED TO EXECUTE THIS APPLICATION FORM: ALL DIRECTORS (corporations), PARTNERS (partnerships), MEMBERS (limited liability companies) AND PROPRIETORS

X 1) Signature _____ Title _____

X 2) Signature _____ Title _____

X 3) Signature _____ Title _____

X 4) Signature _____ Title _____

SIGNATURES MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires _____, 20____.

NOTARY PUBLIC

PART III – ACCESS TO CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION

ACCESS TO CREDIT REPORTS AND LAW ENFORCEMENT INFORMATION

I hereby authorize the Commissioner of Finance to conduct a financial and business responsibility background check, including a check of criminal records, as may be required. This form must be signed by all directors, principal shareholders, partners, members, proprietors and by anyone who influences management.

Pursuant to section 7 of the Privacy Act of 1974, 5 U.S.C 552a, you are hereby advised that disclosure of your social security number is mandatory under sections 443.821 and 443.825 RSMo. The social security number will be used in our background investigation of an individual’s criminal history and financial background.

X 1)	_____	_____	_____	_____
	Signature	Title	SSN	Date
X 2)	_____	_____	_____	_____
	Signature	Title	SSN	Date
X 3)	_____	_____	_____	_____
	Signature	Title	SSN	Date
X 4)	_____	_____	_____	_____
	Signature	Title	SSN	Date

Each required signatory must also complete the following Missouri State Highway Patrol form “REQUEST FOR CRIMINAL RECORD CHECK”.

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

SHP-158D 9/93 - Please print or type.

Name (last, first, middle) _____

(maiden/alias) _____

Date of Birth _____

Sex: __ male __ female Race _____ Social Security No. _____

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

<i>Employment</i>	Child Care	Nursing Home	Home Health Care	Other Employment
	—	—	—	—

Licensing Other (specify) _____

—

SEND REPLY TO

DIVISION OF FINANCE

P.O. BOX 716

JEFFERSON CITY, MO 65102

Telephone (include area code) _____ (573) 751-4243

Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 568
Jefferson City, MO 65102

MISSOURI RESIDENTIAL MORTGAGE LOAN BROKER BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That _____ of the City of _____, County of _____, State of _____, as obligor and principal, and _____, as surety, are held and firmly bound unto the Commissioner of Finance for the State of Missouri in the penal sum of \$50,000 for the use of the Commissioner and of any person or persons who may have a claim against the said obligor on behalf of any borrower sustaining injury arising out of the supervised business described in sections 443.701 - 443.893 RSMo Supp. (2009), and amendments thereto, for payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, assigns, and successors firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH, That, Whereas, the above-named _____, has applied for a License to conduct a business at in the City of _____, County of _____, Missouri, under the provisions of sections 443.701 - 443.893 RSMo Supp. (2009).

NOW, the condition of the foregoing obligation is such that if the obligor and agents will faithfully conform to and abide by the provisions of this statute and will honestly and faithfully apply all funds received and perform all obligations and undertakings under the aforesaid statute and will pay to the State and to any person all money that becomes due and owing to the Commissioner or to such person under the provisions of the aforesaid statute, then this obligation to be void; otherwise to remain in full force and effect.

This obligation shall be deemed automatically renewed on an annual basis absent notice otherwise. If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein by filing with the Commissioner of Finance of the State of Missouri a sixty (60) days written notice and shall not be discharged from any liability already accrued under this bond or which shall accrue herein before the expiration of said sixty (60) day period. Further, in no event shall the aggregate liability of the surety exceed the penal sum specified herein.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____, day of _____, 20____, to be effective on the _____ day of _____ A.D., 20____.

(CORPORATE SEAL)

Principal (Seal)

ATTEST:

By _____ (Seal)

By _____ (Seal)

(Seal)

(Seal)

Secretary

By _____ (Seal)

Attorney in Fact

(CORPORATE SEAL)

Address of Surety

RESUME

NAME:	DATE OF BIRTH:
HOME ADDRESS (City, State, Zip Code, Phone #)	PLACE OF BIRTH:
BUSINESS ADDRESS (City, State, Zip Code)	PERCENT OWNED IN MORTGAGE BROKER COMPANY APPLYING FOR LICENSE:
Social Security Number or assigned Internal Revenue Identification Number:	LENGTH OF RESIDENCE IN COMMUNITY:
Trade names and/or other names used in place of given name:	

List principal civic, professional, social, or other organizations in which you have membership:

Résumé of Education:

Have you ever been adjudged a bankrupt or had to work out a compromise with your creditors? Yes No If "Yes," give details in the following schedule.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition

Are you involved as defendant or plaintiff in any civil litigation? Yes No If "Yes," give details in the following schedule.

Title and Nature of Lawsuit or Proceeding	Date	Name and Address of Court Where Pending	Amount

Have you ever been indicted or pleaded nolo contendere to any criminal matter involving dishonesty or breach of trust in any State or Federal Court?

Yes No If "Yes," give details in the following schedule.

Nature of Charge	Date	Jurisdiction & Location	Disposition

**EMPLOYMENT RECORD
(Include present and all past employment)**

From <u>Date</u> To	Name, Location and Type of Business	Position Held and Nature of Duties

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATE

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Division of Finance for its confidential use. I understand, however, that notwithstanding the foregoing, the Division of Finance may release all or part of the information furnished herein where such release is made in connection with the investigation of a possible violation of any Federal or State statute (or where such release is determined to be in the best interests of the Division of Finance and consistent with the public interest and applicable law).

Date signed