DIVISION OF FINANCE

State of Missouri
Division of Finance

Company Licensing Review Form

Please complete the attached form(s) completely & accurately and provide any additional required documentation. All questions are specific to Missouri. If additional pages are required, please attach, and reference the question number in which it relates. If the required information is provided via NMLS, please notate. The statements contained in the application must be accurate as of the date of execution. "N/A" should be used for sections not applicable to your company.

If you should have any questions or would like clarification for any of the requirements listed, please contact the examiner which is assigned to your examination or contact the Missouri Division of Finance, Mortgage Licensing Section at 573-751-4243.

Please forward the completed form and notarized averment page to the address** below.

Division of Finance, Mortgage Licensing Section
301 W. High Street, Room 630
P.O. Box 716
Jefferson City, Missouri 65102-0716

**If you are utilizing a courier service, please omit the P.O. Box and use zip code 65101.

GENERAL QUESTIONNAIRE

All institutions must complete the Questionnaire attached. **Please note: All questions are specific to Missouri.** All questions are to be answered. If not applicable, insert N/A. If information is uploaded into NMLS please notate. If there is inadequate space or attachments are required, attach additional sheets or material to this questionnaire and reference the section to which it refers.

1. Company Information:

Legal Name: NMLS ID:

List all D/B/A's used for Missouri Residential Mortgage Business

Principal Office Address: (Street, Suite, City, State, Zip)

Business Phone: Website:

Mailing Address, if different than above: (Street, Suite, City, State, Zip)

2. Chief Operating Officer, Chief Executive Officer, or President:

Name: Title:

Business Phone: Email:

3. Licensing Primary Contact Person:

Name: Title:

Business Phone: Email:

4. **Examination Primary Contact Person:**

Name: _____ Title: _____

Business Phone: _____ Email: _____

5. **Full Service Missouri Office (if different from principal office):**

Address (Street, Suite, City, State, Zip): _____

Business Phone: _____ NMLS ID: _____ MLO Linked to office on NMLS (Name & NMLS ID): _____

6. **All Other Missouri Offices:** Provide a listing of all other Missouri offices where the institution conducts residential mortgage business (Include all information requested for the full service Missouri office).

7. **Business Entity Form (select how the licensed entity is organized – <u>only one</u>):**

Corporation	☐
Limited Liability Company (LLC) – Member Managed	☐
Limited Liability Company (LLC) – Manager Managed	☐
Limited Liability Company (LLC) – Member and Manager Managed	☐
Partnership – General	☐
Partnership – Limited	☐
Sole Proprietorship	☐

8. **Control Persons:** List control persons within the appropriate section based on the business entity form indicated above (if section is not applicable, indicate N/A). This information should agree with the control persons designated on the NMLS. All control persons listed should have criminal and credit background checks via NMLS reviewable by Missouri dated within six months of this form.

Corporation – Member(s) of Board of Directors: or
Limited Liability Company (LLC) – Manager Managed – Manager(s):

_____ _____

_____ _____

_____ _____

Corporation – Shareholder(s) (directly owns/controls ≥ 10% of any stock) – List % of direct ownership for each person/entity:

_____ _____

_____ _____

Limited Liability Company (LLC) – Member-Managed or Manager-Managed - Member(s) (directly owns/controls ≥ 10%) – List % of direct ownership for each person/entity: or
Partnership – Partners(s) (directly owns/controls ≥ 10%) – List % of direct ownership for each person/entity:

_____ _____

_____ _____

_____ _____

Sole Proprietorship (directly owns/controls 100%):

_____

Any Other Person/Entity Not Listed Above That Influences Management (including executive officers and indirect owners considered to be control persons):

_____ _____

_____ _____

_____ _____

_____ _____

Note: Identify any individual recently subject to criminal and credit background checks related to a Mortgage Loan Originator License in Missouri with an asterisk (*) by their name. Criminal and Credit not required for these individuals.

9a. **Percentage of Missouri Gross Income Derived from Missouri Activities (during the most recent fiscal year):**

Brokering [see Section 443.703.1(18) RSMo]	_____%
Funding [see Section 443.703.1(16) RSMo]	_____%
Purchasing [see Section 443.703.1(26) RSMo]	_____%
Servicing* [see Section 443.703.1(36) RSMo]	_____%
Processing [see Section 443.703.1(19) RSMo]	_____%
Underwriting [see Section 443.703.1(19) RSMo]	_____%
Manufactured or Modular Home Originations [see Section 443.812.6 RSMo]	_____%
Other (Specify Activity)_____	_____%
Total of above should total 100%	**100%**

*Includes wholly-owned loan servicing, loan servicing under mortgage servicing rights, subservicing for others, and subservicing by others.

9b**. Qualification For Waiver of the Missouri In-Office Requirement:** Does the licensed entity request waiver of the Missouri in-state office requirement in accordance with Sections 443.812.5 or .6 RSMo and 20 CSR 1140-30.290(2)? ☐ YES ☐ NO

If yes, provide documentary evidence of qualification for such waiver (percentage should agree to Question 9a).

10. **Company Formation and Operating Documents:** Based on the licensed entity's business form, indicate if any changes have occurred since our last examination. If yes, provide a copy of all new documents or upload them within NMLS (for any section not applicable, indicate N/A):

Corporation:

Articles of Incorporation and Restatements/Amendments	☐ YES	☐ NO
Bylaws and Restatements/Amendments	☐ YES	☐ NO

Limited Liability Company:

Articles of Organization and Restatements/Amendments	☐ YES	☐ NO
Operating Agreement and Restatements/Amendments	☐ YES	☐ NO

Partnership:

Partnership Agreement and Restatements/Amendments	☐ YES	☐ NO

11. **Age Verification**: Are all applicants, members, directors, or principal officers at least eighteen (18) years of age, as required by 443.825 RSMo?

☐ YES ☐ NO

If No, provide the name(s) of anyone under the age of 18: _____

12. **Other Business:** Does the institution or any officer, principal, partner, owner, member of board of directors, or employee own more than 1% of the following settlement service providers, or do any of these settlement service providers own 1% or more of the institution?

Type of Company	YES	NO
Title Company	☐	☐
Appraisal Company	☐	☐
Real Estate Company	☐	☐
Credit Reporting Company	☐	☐
Credit Counseling Company	☐	☐
Credit Service Company	☐	☐
Insurance Company	☐	☐
Securities Company	☐	☐
Builder	☐	☐
Home Improvement Contractor	☐	☐
Real Estate Developer	☐	☐
Escrow Company	☐	☐
Any other settlement service provider	☐	☐

If YES to any of the companies, complete attached **Schedule A**.

13. **Delinquency:** Is the institution currently delinquent (more than 60 days past due) on any account owed to any creditor or vendor?

☐ YES ☐ NO

If YES, provide a list of the creditors and vendors, the amount of the delinquency, and the reason for the delinquency.

14. **Management Chart:** Provide a current Management Chart or upload it within NMLS. Ensure it shows reporting lines of authority for all senior officers and above. If critical areas (management control, financial accounting, information technology, legal, etc.) are performed by an affiliate or third party entity, indicate the areas and who performs.

15. **Ownership Chart:** Provide a current Ownership Chart or upload it within NMLS. Ensure it shows all direct and indirect owners and control persons of at least 10% of licensed company on a diluted basis.

16. **Fiscal Year:** When does the institution's fiscal year end (month, day)? _____

SCHEDULE A

Name of Affiliated Entity	Type of Business	Address	Relationship	Amount of Ownership

APPLICANT AVERMENT

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.

APPLICANT AVERMENT, CONTINUED

PERSONS REQUIRED TO EXECUTE THIS FORM: ALL MEMBERS OF THE BOARD OF DIRECTORS (corporations and some LLCs), MEMBERS (LLCs), PARTNERS (partnerships), OR OWNERS (sole proprietorships).

PERSONS MAY USE SEPARATE SHEETS, BUT EACH SHEET MUST BE NOTARIZED.

1) Name (print) _____ Title _____

Signature _____ Date_____

2) Name (print) _____ Title _____

Signature _____ Date_____

3) Name (print) _____ Title _____

Signature _____ Date_____

4) Name (print) _____ Title _____

Signature _____ Date_____

5) Name (print) _____ Title _____

Signature _____ Date_____

SIGNATURES MUST BE NOTARIZED.

STATE OF _____
COUNTY OF _____
Subscribed and sworn to me this _____day of _____,
_____.
My Commission expires_____, 20_____.

_____

NOTARY PUBLIC