



IN THE MISSOURI DIVISION OF FINANCE

RESIDENTIAL MORTGAGE BROKERS LICENSE ACT

## APPLICATION FORM TO OPERATE AS A RESIDENTIAL MORTGAGE BROKER LICENSEE

### PART I - APPLICATION FOR A NEW MISSOURI RESIDENTIAL MORTGAGE BROKERS LICENSE

Any person, association, corporation or partnership (other than those entities exempt by Section 443.803.1(8) of the Act) intending to operate as a licensee shall file an Application for a Missouri 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 \$300.00 shall be paid to the Division of Finance.

This form must be filed with the Division of Finance, Mortgage Brokers 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 Residential Mortgage Brokers License Act, Section 443.800, 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 443.803. Cited regulations are indicated by section reference.

APPLICANT/LICENSEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

CONTACT PERSON/TITLE \_\_\_\_\_

CONTACT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PART II - APPLICANT/LICENSEE INFORMATION

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

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

SOLE PROPRIETORSHIP     PARTNERSHIP     CORPORATION     ASSOCIATION

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

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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

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

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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:

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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.)

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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.

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3. PLEASE ATTACH A PERSONAL FINANCIAL STATEMENT IF APPLICANT IS A SOLE PROPRIETORSHIP OR A BUSINESS FINANCIAL STATEMENT IF APPLICANT IS A PARTNERSHIP, CORPORATION, ASSOCIATION OR LIMITED LIABILITY COMPANY. EACH DIRECTOR, OFFICER,

PART II - APPLICANT/LICENSEE INFORMATION

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 AND 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

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 INDEPENDENT BROKERS OR AGENTS 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # OR Federal Employer Identification # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_, \_\_\_\_\_

Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # OR Federal Employer Identification # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_, \_\_\_\_\_

Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # OR Federal Employer Identification # \_\_\_\_\_

PART II - APPLICANT/LICENSEE INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_,  
Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security # OR Federal Employer Identification # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_,  
Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security # OR Federal Employer Identification # \_\_\_\_\_

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

\_\_\_ BROKERING \_\_\_\_\_%      \_\_\_ ORIGINATING (FUNDING) \_\_\_\_\_%  
\_\_\_ SERVICING \_\_\_\_\_%      \_\_\_ PURCHASING \_\_\_\_\_%  
\_\_\_ OTHER, EXPLAIN \_\_\_\_\_% \_\_\_\_\_

7. PLEASE INDICATE TO WHICH LENDERS APPLICATIONS ARE BROKERED. (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

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

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

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12. HAS THE LICENSEE REPURCHASED ANY LOANS IT FUNDED SINCE THE LAST RENEWAL APPLICATION WAS FILED?

IF YES, FROM WHOM REPURCHASED: \_\_\_\_\_

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

13. DATE FISCAL YEAR ENDS: \_\_\_\_\_

14. INDEPENDENT AUDIT FIRM INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_,  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

15. PLEASE ATTACH A COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION (IF APPLICABLE).

16. PRIMARY BANK INFORMATION:

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

## PART II - APPLICANT/LICENSEE INFORMATION

17. 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 and maintain 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 regulations of the director regarding any home mortgage in the course of the conduct of the applicant's residential mortgage business;
- (d) Will file with the director, when due, any report or reports which the applicant is required to file under any of sections 443.800 to 443.893;
- (e) Will not engage, whether as principal or agent, in the practice of rejecting residential mortgage applications without reasonable cause, or varying terms or application procedures without reasonable cause, for home mortgages on real estate within any specific geographic area from the terms or procedures generally provided by the licensee within other geographic areas of the state;
- (f) Will not engage in fraudulent home mortgage underwriting practices;
- (g) Will not make payments, whether directly or indirectly, of any kind to any in-house or fee appraiser of any government or private money lending agency with which an application for a home mortgage has been filed for the purpose of influencing the independent judgment of the appraiser with respect to the value of any real estate which is to be covered by such home mortgage;
- (h) Has filed tax returns, both state and federal, for the past three years or filed with the director a personal, an accountant's or attorney's statement as to why no return was filed;
- (i) Will not engage in any discriminating or redlining activities prohibited by section 443.863;
- (j) Will not knowingly misrepresent, circumvent or conceal, through whatever subterfuge or device, any of the material particulars, or the nature thereof, regarding a transaction to which the applicant is a party which could injure another party to such transaction;
- (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 upon grounds of fraud, misrepresentation or deceit which has not been previously reported to the director;
- (m) Will account or deliver to any person any personal property, including, but not limited to, money, funds, deposits, checks, drafts, mortgages, any other document or thing of value, which has come into the applicant's possession and which is not the applicant's property or which the applicant is not in law or equity entitled to retain under the circumstances, at the time which has been agreed upon or is required by law, or, in the absence of a fixed time, 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 for a license under the provisions of sections 443.800 to 443.893 which contains a material misstatement;
- (q) Has not demonstrated by a course of conduct, negligence or incompetence in the performance of any activity for which the applicant is required to hold a license under sections 443.800 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 443.800 to 443.893, or with any lawful order, rule or regulation

PART II - APPLICANT/LICENSEE INFORMATION

made or issued under the provisions of sections 443.800 to 443.893;

(t) When probable cause exists, will submit to periodic examinations by the director as required by sections 443.800 to 443.893; and

(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.

SIGNATURE(S) OF PERSON(S) REQUIRED TO EXECUTE THIS APPLICATION FORM: ALL DIRECTORS (CORPORATIONS), PARTNERS (PARTNERSHIPS), MEMBERS (LIMITED LIABILITY COMPANY) 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 AUDIT WORKPAPERS, CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION

RELEASE OF AUDIT WORKPAPERS

Dear \_\_\_\_\_

(Certified Auditing Firm's Name)

Upon request from the Commissioner of Finance for the State of Missouri, you are hereby authorized to release to the Commissioner, or his designee, Audit Workpapers prepared in connection with your examination of our financial statements as of \_\_\_\_\_. Pursuant with the Act, the workpapers may be reproduced as the Commissioner deems necessary.

Sincerely,

X \_\_\_\_\_  
By: \_\_\_\_\_ Title

PART III – ACCESS TO AUDIT WORKPAPERS, CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION (continued)

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

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

# MISSOURI RESIDENTIAL MORTGAGE BROKERS 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 \$20,000 for the use of the Commissioner and of any person or persons who may have a claim against the said obligor arising out of the supervised business described in Sections 443.800 - 443.893 RSMo Supp. (1995), 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 443.800 - 443.893 RSMo Supp. (1995).

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

STATE OF MISSOURI  
DIVISION OF FINANCE  
MORTGAGE BROKER IRREVOCABLE LETTER OF CREDIT

P.O. BOX 716  
JEFFERSON CITY, MO 65102

Requirements for completing form:

1. Issued by a Federally insured banking institution.
2. Signed by banking institution official.
3. Signed by applicant (licensee).
4. Must be notarized.
5. Authorization for Release of Confidential Information must be completed (See reverse side of this form).

AMOUNT (U.S. CURRENCY) \$	LETTER OF CREDIT NUMBER	DATE OF ISSUANCE
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At the Request of (Licensee's Name) \_\_\_\_\_

Doing Business as \_\_\_\_\_

of (County) \_\_\_\_\_ State of \_\_\_\_\_

We hereby issue our irrevocable letter of credit, in favor of the Commissioner of Finance in the sum of \$20,000 available by the Commissioner of Finance's demand for payment.

Demands under this irrevocable letter of credit must be accompanied by a statement from the Commissioner of Finance that the mortgage broker licensee, has failed to perform its obligations faithfully and in accordance with Sections 443.800 to 443.893 RSMo.

This obligation shall be deemed automatically renewed on an annual basis absent notice otherwise. The issuing banking institution may cancel the letter of credit on the anniversary date and be released of future liability hereunder by delivering sixty (60) days prior written notice to the Division of Finance at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the sixty (60) day period, provided that drafts drawn hereunder must be tendered within 24 months of the termination date. This letter of credit will be retained until the end of the 24 month period.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

In witness whereof, we have duly executed the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Issuing Bank Institution \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Bank Routing Transit Number \_\_\_\_\_

By: Signature and Title of Bank Official \_\_\_\_\_

State of Missouri                    )  
  ss.  
County of \_\_\_\_\_            )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_ known to me to be the person who executed this irrevocable letter of credit and acknowledge to me that he/she executed the same for the purposes therein stated. My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Banking Institution Name \_\_\_\_\_

Letter of Credit Number \_\_\_\_\_

I hereby authorize release of confidential information to the above named banking institution for the purpose of making demand for payment on the letter of credit specified above as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the breaches for which a demand for payment is being made. I also release the Commissioner of Finance and Division of Finance personnel from any and all liability pursuant to any disclosure to this banking institution of confidential information resulting from release of subject information under Sections 361.070 and 361.080, RSMo., 1986 and supplements thereto.

Owner/Officer \_\_\_\_\_

Title \_\_\_\_\_

Owner/Officer Signature \_\_\_\_\_ Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

# BUSINESS FINANCIAL STATEMENT

BUSINESS NAME  
OF APPLICANT/LICENSEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

NAME OF PREPARER \_\_\_\_\_

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## BALANCE SHEET

AS OF

ASSETS		LIABILITIES AND CAPITAL	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Cash		LIABILITIES	
Bank Accounts			
Investments			
Loans Receivable		TOTAL LIABILITIES	
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES AND CAPITAL	

# PERSONAL FINANCIAL STATEMENT

I, \_\_\_\_\_ submit herewith the following  
 Name  
 information and a correct and complete statement of my financial condition as of \_\_\_\_\_ to the  
 Date  
 Division of Finance for its confidential use, in connection with the application filed for a mortgage brokers license.

An answer to each item is required. If the answer is "No," "None" or "Not applicable," so state. If an item of information called for is unknown, so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

### ASSETS

### LIABILITIES

1) Cash on hand and in banks	\$	9) Accounts Payable	\$
2) Notes, loans, and other accounts receivable considered good and collectible		10) Notes payable to banks - from Schedule D	
3) Merchandise and inventory at lower of cost or market value		11) Notes payable to others - from Schedule E	
4) Real estate - from Schedule A		12) Real estate mortgages - from Schedule F	
5) Machinery and equipment - at cost less depreciation		13) Interest and taxes due and unpaid - from Schedule G	
6) Marketable securities - from Schedule B		14) Other debts and liabilities - from Schedule H	
7) Life insurance (face amount \$ _____) cash surrender value		TOTAL LIABILITIES	
8) Other assets - from Schedule C		15) NET WORTH	
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

NOTE: Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ \_\_\_\_\_.

### CONTINGENT LIABILITIES (If none, so state)

In addition to the debts and liabilities listed above, have you endorsed, guaranteed, or become otherwise indirectly or contingently liable for the debts of others?

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

Name and address of Debtor or Obligor	Name and address of Creditor or Obligor	Description of Collateral	Value of Collateral	Date Obligation		Current Amount
				Incurred	Due	
			\$			\$
					Total	\$

### STATEMENT OF INCOME

20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

If more  
than six  
months  
CURRENT  
YEAR

Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties and investments				
Other income				
TOTAL INCOME				
Expenses				
NET INCOME				

## SUPPORTING SCHEDULES

Schedules set forth on this page must agree in total with the appropriate item contained in the Financial Statement on Page 1 of this report. Note: Please attach a current balance sheet and statement of income relative to any investment, the value of which is not readily ascertainable (such as closely held corporations, partnership interests, etc.) when the investment exceeds 10% of total assets.

### Schedule A – Real Estate Owned

Description and Location	Title in Whose Name	Date Acquired	Cost	Insurance	Current Value
					\$
					\$

### Schedule B – Marketable Securities

DESCRIPTION	AMOUNT	AMOUNT
	\$	\$
		\$

### Schedule C - Other Assets

Description and Basis for Valuation	Value
	\$
carried forward to item 8, page 1	Total \$

### Schedule D - Notes Payable to Banks

Name of Creditor	Security	Date Due	Amount
			\$
carried forward to item 10, page 1			TOTAL \$

### Schedule E - Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
carried forward to item 11, page 1			TOTAL \$

### Schedule F - Real Estate Mortgages Payable

Name of Creditor	Location of Property	Date Due	Amount
			\$
carried forward to item 12, page 1			TOTAL \$

### Schedule G - Interest and Taxes Due and Unpaid

Description	Payable To	Date Due	Amount
			\$
carried forward to item 13, page 1			TOTAL \$

### Schedule H - Other Debts and Liabilities

Description	Date Due	Amount
carried forward to item 14, page 1		TOTAL \$

## RESUME

NAME:	DATE OF BIRTH:
HOME ADDRESS (City, State, Zip Code, Phone #)	PLACE OF BIRTH:
	PERCENT OWNED IN MORTGAGE BROKER COMPANY APPLYING FOR LICENSE:
BUSINESS ADDRESS (City, State, Zip Code)	LENGTH OF RESIDENCE IN COMMUNITY:
Social Security Number or assigned Internal Revenue Identification Number:	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	Date	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).

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Date signed