



TOWN OF ISLIP
OFFICE OF THE TOWN CLERK

Application for Collateral Loan Broker's License

Name of Applicant: _____ Phone No.: _____

Address: _____

Exact Location of Business: _____

Business Phone No.: _____

CORPORATION, CO-PARTNERSHIP OR INDIVIDUAL USING A TRADE NAME

Corporation or Trade Name: _____ Phone No.: _____

Main Office: _____

Incorporated: Yes No Date: _____ State: _____

Partner or President Name: _____

Address: _____

Partner or Vice-President Name: _____

Address: _____

Partner or Secretary Name: _____

Address: _____

Partner or Treasurer Name: _____

Address: _____

If more space is needed, please attach separate listing.

Does anyone other than persons listed above have interest in this business? YES NO

CORPORATIONS

A corporation must furnish a copy of the filing receipt for the Certificate of Incorporation from the New York State Secretary of State. A corporation from outside New York State must furnish a copy of its application for authority to do business in New York State from the New York State Secretary of State. Some applications require proof of the election of the corporate officers, and in such cases, there must be filed a copy of minutes of the corporate meeting electing directors and officers.

All Officers must be fingerprinted and also any stockholder of ten percent or more of the stock.

INDIVIDUAL APPLICANT

Individuals operating under a trade name must present a certified copy of the trade name certificate in the County Clerk's Office.

PARTNERSHIP

A partnership conducting business, whether or not under a trade name, must submit a certified copy of the partnership certificate filed in the County Clerk's Office.

SURETY BOND

Surety Bond in the amount of \$10,000.

If the applicant is a corporation, state its principal place of business and the name and address of a person residing within the Town of Islip on whom papers may be served:

The applicant hereby states that no person has provided any funds for the organization or operation of this business except as stated in this application and if any such funds are hereafter obtained the Town of Islip is to be notified immediately and in the event of a change of officers, director or stockholders, the Town of Islip is to be informed forthwith or license may be revoked.

CONTINUING EDUCATION

NAME	NUMBER OF HOURS	WHERE EARNED/RECEIVED	DATE

THIS AFFIDAVIT MUST BE COMPLETED

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

_____ being duly sworn deposes and says: that he/ she is the applicant above named, that he/she has read the foregoing application license, and known the contents thereof and that the same is true and his/her own knowledge, except as to the matter therein stated to be alleged upon information and belief and that as to those matter he believe to be true.

SIGNATURE OF APPLICANT
SWORN BEFORE ME THIS

_____ DAY OF _____ 20_____

NOTARY PUBLIC

**** FOR OFFICE USE ONLY****

License Fee Paid: _____ Date: _____ License #: _____
Issued: _____ Fingerprint Fee: _____