

**N J DEPARTMENT OF BANKING AND INSURANCE  
LICENSING SERVICES BUREAU  
P O BOX 473  
TRENTON, NJ 08625**

**BRANCH OFFICE INSTRUCTIONS**

1. Indicate the type of branch license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. Application must be properly signed and dated. Signatures must be witnessed by a notary public or attorney.
5. Send a company check or money order made payable to: **Treasurer, State of New Jersey.** The check must be in the amount listed in the schedule below for the license type selected on the application. Personal checks are not accepted.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Motor Vehicle Installment Seller	\$300.00
Home Repair Contractor	\$300.00
Home Finance Agency	\$400.00
Pawnbroker	\$500.00
Check Cashier	\$700.00
Insurance Premium Finance Company	\$500.00
Non-Profit Debt Adjuster	\$300.00

**NOTE: All fees submitted with an application are NON-REFUNDABLE.**

Questions regarding an application may be directed to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Send to:

Licensing Services Bureau  
Dept. of Banking & Insurance  
P.O. Box 473  
Trenton, NJ 08625

For Overnight delivery:

Licensing Services Bureau:  
Dept. of Banking & Insurance  
20 W. State St. – 8<sup>th</sup> Floor  
Trenton, NJ 08608

**SPECIAL INSTRUCTIONS  
FOR DEBT ADJUSTER BRANCH LICENSE APPLICATION**

**In addition to following the general instructions you must submit:**

1. An executed rider to the surety bond increasing the coverage by \$25,000 for each additional office.
2. Provide evidence of insurance coverage for each additional branch location.

<b>DEPARTMENT USE ONLY:</b>			
<b>Ref No.</b>	<b>Rel No.</b>	<b>C/R No.</b>	<b>Date Proc.</b>

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING and INSURANCE**  
**LICENSING SERVICES BUREAU**  
**PO Box 473**  
**Trenton, NJ 08625**

**BRANCH APPLICATION**

<b>INDICATE TYPE OF LICENSE:</b>		
<b>Insurance Premium Finance Co</b>	<b>Non-Profit Debt Adjuster</b>	<b>Home Finance Agency</b>

***TYPE OR PRINT CLEARLY***

- 1. Name of Applicant: \_\_\_\_\_  
D/B/A or Trade Name (if applicable) \_\_\_\_\_
- 2. Principal address as it appears on license: \_\_\_\_\_  
\_\_\_\_\_ Reference No. \_\_\_\_\_
- 3. Address of branch office to be licensed(include, city, state, county & zip code) \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a banking license and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

\_\_\_\_\_  
Signature of Corporate President, Partner, Sole Proprietor

\_\_\_\_\_  
Date

Subscribed and sworn to before me at  
\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Official Title)