

ARKANSAS STATE BOARD OF COLLECTION AGENCIES

523 South Louisiana, Suite 460

Phone: (501) 371-1438

Little Rock, AR 72201

Fax: (501) 372-5383

APPLICATION FOR COLLECTION AGENCY LICENSE

License # _____

SECTION 1:

(A) **AGENCY NAME** _____ Telephone _____ Fax _____

Parent Company _____

Name To Appear on the License _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Location _____ City _____ State _____ Zip _____

(B) **CONTACT PERSONS:**

1. Licensing issues: Name: _____ Telephone _____ Fax _____

2. Compliance issues: Name: _____ Telephone _____ Fax _____

(C) **ORGANIZATION TYPE:**

() Sole Proprietorship () Partnership () Corporation () LLC () LLP Other, describe _____

SECTION 2:

(A) **SOLE PROPRIETORSHIP**

Name: _____ Business Phone: _____

(B) **CORPORATIONS, PARTNERSHIPS, OR OTHER ARTIFICIAL ENTITIES:**

1. List all owners, partners, members, affiliates, subsidiaries, corporations, persons, firms, etc. having a financial interest directly or indirectly in the Agency and the percentage of ownership held by each: (Attach separate sheet if necessary.)

Name	Title	Address	Number of Shares	Percentage of Ownership
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2. List names, titles and business addresses of senior Officers and Directors. Include positions of CEO, COO, president, executive or vice president, secretary, treasurer, or positions of similar authority. (Attach separate sheet if necessary.)

Name	Title	Business Address	Name	Title	Business Address
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3. If applicable, Date And Place of Incorporation: _____ or Date and Place Partnership, LLC or other Entity formed _____.

4. Provide an organizational flow chart showing all parent companies, subsidiaries, affiliates, etc.

(C) **PROPOSED MANAGER:**

Manager's Name: _____

SECTION 3:

List the NAMES, ADDRESSES and ALIASES of ALL EMPLOYEES who COLLECT or SOLICIT ACCOUNTS: (Attach separate sheet if necessary)

Name Address Alias

SECTION 4: *(All applicants must answer.)*

- _____ (a) Have you or any manager, operator, partner, officer, director, or owner of 25% or more of the agency been convicted of a felony under the laws of the United States, the State of Arkansas, or any other state or country within the last ten years? If the answer is yes, please explain.
- _____ (b) Have you or any manager, operator, partner, director, or owner of 25% or more of the agency had any business license or like privilege denied, revoked, refused or suspended in Arkansas or any other state? If the answer is yes, please explain.
- _____ (c) Are you or any of your collectors law enforcement officers?
- _____ (d) Have you or has the agency ever had a collection license suspended or revoked or had administrative action taken against you/it by a governmental or regulatory agency?
- _____ (e) Have you or the agency ever had an application for a collection agency license denied?
- _____ (f) Has the agency ever been involved in civil litigation arising out of the collection agency business?

The following questions are to be answered only by owners of sole proprietorships.

- _____ (g) Are there any criminal; charges pending against you (other than minor traffic violations)?
- _____ (h) Have you ever been refused any license by a governmental body?
- _____ (i) Have you ever been charged with committing fraudulent acts?
- _____ (j) Have you ever defaulted in the payment of money collected from others?

SECTION 5:

REQUIRED FEES:

Agency Fee:	\$	125.00
Manager Fee:	\$	15.00
____(# of Collectors and Solicitors) x \$15.00	\$	_____
Roster (optional)	5.00	_____
___ By City/State		
___ Alphabetically		
 TOTAL REMITTED	\$	_____

SECTION 6: AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

[This must be signed by the Owner (if a sole proprietorship), or Officer (if a corporation), Partner (if a partnership) or Member (if a LLC) or by such person who is duly authorized to execute contracts, deeds, and other instruments under seal on behalf of the entity.]

I, the undersigned, hereby authorize the Arkansas State Board of Collection Agencies to make reasonable inquiries of any law enforcement agency, financial institution, credit bureau or other similar entity for the purpose of determining my financial condition, criminal history, business experience, financial responsibility, competence, and/or character and fitness in conjunction with the engagement in the business of consumer and/or commercial collections. I hereby give my consent for the release of any inquiry results and/or background checks in conjunction with _____(Agency name).

Owner's Signature

Printed Name & Title

Date: _____

Acknowledgment

State of _____)

County of _____)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.
(Month) (Year)

Notary Public

My Commission Expires:

(Seal)

SECTION 7:

The following documents, which are necessary to complete the licensing process, have been included:
(Please mark to verify inclusion.)

- _____ 1. Application;
- _____ 2. Check for Fees;
- _____ 3. Bond included;
or
- _____ Bond applied for;
- _____ 4. Authority to Obtain Information for owner and manager;
- _____ 5. Personal and Business History Statements for owner;
- _____ 6. List of Collectors and Solicitors;
- _____ 7. Proposed Manager Information form;
- _____ 8. Written Verification of Manager's/Owner's collection experience.

SECTION 8:

I hereby affirm that this application and/or any related attachments are submitted in compliance with Arkansas Code Annotated §17-24-101 *et seq* and the information provided herein is true, correct and complete. I also affirm that this agency's clients will be provided with the information required by Arkansas Code Annotated § 17-24-310.

Date: _____

(Name of Collection Agency)

By: _____
(Owner/Officer/Partner)

(Title)

Acknowledgment

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 200____.

(Notary Public)

My Commission Expires:

(SEAL)

DO NOT WRITE BELOW THIS LINE

APPROVED BY:

CHAIRMAN _____

VICE CHAIRMAN _____

SECRETARY _____

MEMBER AT LARGE _____

Fee _____
Collectors _____
Bond _____
Authority _____
Manager _____
Owner _____
PH&BS _____
Manager Info _____