

Arkansas State Board of Collection Agencies
900 West Capitol Avenue, Suite 400
Little Rock, Arkansas 72201-9707
501-371-1434 Phone Number
501-372-5383 Fax Number

APPLICATION FOR COLLECTION AGENCY LICENSE

A. COLLECTION AGENCY INFORMATION:

License # _____

Agency Name _____

Parent Company _____

Doing Business as (d/b/a) _____

Name to Appear on the License _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone # _____ Fax # _____ Website Address _____

Physical Location _____

City _____ State _____ Zip _____ Country _____

Phone # _____ Fax # _____ Website Address _____

B. CONTACT PERSON INFORMATION:

Licensing Issues: Name _____ Email Address _____

Phone # _____ Extension _____ Fax # _____

Employer (If not the agency name listed above.) _____

Compliance Issues: Name _____ Email Address _____

Phone # _____ Extension _____ Fax # _____

Employer (If not the agency name listed above.) _____

C. ORGANIZATION TYPE:

() Sole Proprietorship () Partnership () Corporation () Trust () LLC () LLP () Other

Describe Other: _____

D. SOLE PROPRIETORSHIP: Name _____ Phone # _____

E. 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 sheets if necessary.)

Name	Title	Address	# of Shares	% 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 sheets if necessary.)

Name	Title	Business Address

3. If applicable, provide the 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.

F. PROPOSED MANAGER NAME: _____

Direct Work Phone # _____ Extension _____ Work Fax # _____
Email Address _____

G. COLLECTORS AND SOLICITORS LIST:

List the NAMES, ADDRESSES and ALIASES of ALL EMPLOYEES who COLLECT or SOLICIT ACCOUNTS: (Attach separate sheets if necessary, which *must* contain the agency name and physical location on each page.)

Name	Address	Alias

H. INTERROGATORIES:

All applicants must answer this section. (Attach separate sheets if necessary. All exhibits *must* contain the applicant's name and the letter of the question below.)

- _____ (a) Is every manager and owner who has at least 50% or more of the ownership, 21 years of age or older?
- _____ (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 the manager, owners or collectors a current law enforcement officer?
- _____ (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) Have you ever been refused any license by a governmental body?

_____ (h) Have you ever been charged with committing fraudulent acts?

_____ (i) Have you ever defaulted in the payment of money collected from other?

I. AUTHORIZATION AND AFFIRMATION:

I authorize the Arkansas State Board of Collection Agencies to make inquiries of any law enforcement agency, financial institution, credit bureau, regulatory agency or other entities for the purpose of determining the financial condition and business history of this license applicant and give consent for the release of any inquiry results.

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.

(Collection Agency Name)

(Owner/Officer/Partner/Member Signature)

(Printed Name)

(Printed Title/Official Capacity)

(Date)

ACKNOWLEDGMENT

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 2_____

(Notary Public)

(My Commission Expires On)

(SEAL)

J. REQUIRED FEES:

Please make a single check out to the *Arkansas State Board of Collection Agencies*.

Agency Fee (\$125): \$ 125

Manager Fee (\$20): \$ 20

of Collectors and Solicitors: _____ X \$20 \$ _____

TOTAL REMITTED \$ _____

K. SUBMISSION OF DOCUMENTATIONS:

Please confirm that the following documents are included with this submission:

- _____ 1. Application;
- _____ 2. Check for Fees;
- _____ 3. List of Collectors and Solicitors;
- _____ 4. Proposed Manager Information Form;
- _____ 5. Written Verification of Manager's/Owner's Collection Experience; and
- _____ 6. Bond.