



**State of Utah**  
 DEPARTMENT OF COMMERCE  
 DIVISION OF CONSUMER PROTECTION

**CREDIT SERVICE ORGANIZATION  
 PERMIT APPLICATION FORM**

Annual Application fee: \$250.00 (Non-refundable)

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 Applicant's Name

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 Date of Application

OFFICE USE ONLY	
Date Issued:	-----
Permit Number:	-----
Approved:	-----
Denied:	-----
Expiration:	-----

Please mark the appropriate box:

INITIAL  
 APPLICATION

RENEWAL  
 APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form and fee to:

Department of Commerce  
 Division of Consumer Protection  
 160 East 300 South  
 SM Box 146704  
 Salt Lake City, Utah 84114-6704

1. Applicant's Name: \_\_\_\_\_

2. Other Names that Applicant Uses: \_\_\_\_\_

3. Applicant's Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

4. Provide the following information for Applicant's contact person:

\_\_\_\_\_

Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Facsimile Number

5. List the name of any person(s) who owns or controls more than 5% of the organization, either directly or through another person or entity:

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

6. Provide the following information for any individual who is responsible for the day-to-day operation of the organization:

\_\_\_\_\_

Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Facsimile Number

\_\_\_\_\_

Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Facsimile Number

\_\_\_\_\_

Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Facsimile Number

7. State the case title, docket number, the names and address of all parties and a detailed explanation of any administrative, civil or criminal action in which the organization or any person identified in paragraphs 5 and 6 above is a party to an administrative, civil or criminal action that arose in this state or any other jurisdiction involving the services of a credit service organization (attach additional sheets if necessary).

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8. Please provide a detailed outline of the organization's credit services program to be offered in this state. Attach copies of any contract, form, sales literature, or other relevant document that will be used by the organization.

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9. Surety Requirement.

a. Please mark the appropriate box indicating the type of surety that accompanies this application. The bond, letter of credit or certificate of deposit from a Utah depository must be in the amount of \$100,000.00 and must be made payable to the **DIVISION OF CONSUMER PROTECTION / STATE OF UTAH**

Bond       Letter of credit       Certificate of Deposit

b. If a bond is being submitted, please provide the following information:

Amount of bond, letter of credit or certificate of deposit: \_\_\_\_\_

Date of bond: \_\_\_\_\_ Bond expires: \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

Address of Surety Company: \_\_\_\_\_

Telephone and fax number of Surety Company: \_\_\_\_\_

Registered on Treasury list:  Yes  No

- c. If a letter of credit or certificate of deposit is being submitted, please provide the following information:

Date of letter of credit: \_\_\_\_\_ Letter of credit expires: \_\_\_\_\_

Date of certificate of deposit: \_\_\_\_\_ Certificate of deposit expires: \_\_\_\_\_

Name of Utah Bank: \_\_\_\_\_

Address of Utah Bank: \_\_\_\_\_

Telephone and fax number of Utah Bank: \_\_\_\_\_

By signing this application, the undersigned certifies that the information provided herein is true and correct.

DATED: \_\_\_\_\_

APPLICANT:

BY \_\_\_\_\_  
ITS

Bond No. \_\_\_\_\_

\_\_\_\_\_  
(Surety's Name)

\_\_\_\_\_

\_\_\_\_\_

(Surety's Address and Telephone No.)

**SURETY BOND**

1. KNOW ALL PERSONS BY THESE PRESENTS, that we, \_\_\_\_\_, as Principal, and \_\_\_\_\_ a corporation of the State of \_\_\_\_\_ having its principal office at \_\_\_\_\_ duly licensed with the Utah Department of Insurance, as Surety, are held and firmly bound to the Division of Consumer Protection of the Department of Commerce of the State of Utah in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), for the payment of which said Principal and Surety hereby bind themselves, their heirs, administrators, executors, successors, and assigns, jointly and severally, to pay said sum.

2. THE CONDITIONS OF THIS BOND are such that the Principal, \_\_\_\_\_, seeks to obtain a license from or registration with, the Division of Consumer Protection, State of Utah, to carry on business as \_\_\_\_\_. That business is subject to the laws of the State of Utah and the administrative rules adopted thereunder.

3. THEREFORE, if the Principal, [Registrant], shall during the period beginning on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ and ending on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, faithfully observe and honestly comply with the provisions of all statutes and rules of Utah law applicable to the Principal's business, and shall indemnify the Division of Consumer Protection and all consumers as set forth in those laws, then this obligation shall become void and of no effect, otherwise to remain in full force and effect.

4. IT IS UNDERSTOOD AND AGREED that this bond may be renewed from year to year by continuation certificate executed by said Surety, and that regardless of the number of years this bond remains in effect or the number of times it is renewed, in no event shall the Surety be liable for an amount exceeding the sum set forth above. It is also understood and agreed that the Surety may at any time, with thirty days written notice to the Division of Consumer Protection, terminate its liability herein, except that the Surety shall be liable for any losses occurring while this bond is in full force and effect.

SIGNED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Type or Print Surety's Name)

By: \_\_\_\_\_

Its:

\_\_\_\_\_  
(Type or Print Principal's Name)

By: \_\_\_\_\_

Its: