

# **DoBS Portal**

# **User Guide**

Version – 2.5

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## **Document Purpose**

The Commonwealth of Pennsylvania Department of Banking and Securities (DOBS) has launched a DOBS Portal to allow for Non-Depository institutions to apply for licenses and update their information. This document is to provide the steps on how to use the DOBS Portal.

# **DOBS Portal Information**

The DOBS Portal can be accessed in Chrome or Microsoft Edge using the URL provided below:

https://www.portal.dobs.pa.gov/

# **Access and User Authentication**

The DOBS Portal uses Keystone authentication which is used across other Commonwealth of Pennsylvania websites. The user will need to create a Keystone Login Account to proceed with using the DOBS Portal. An email address and/or cell phone number is required by the DOBS Portal when creating the Keystone Login Account.

The Portal will require multi-factor authentication (MFA) when logging in to ensure maximum security.

**What is MFA?** MFA is a layered approach to securing online accounts and the data they contain. MFA requires more than one way to authenticate your identity so that if one method, such as your password, is compromised, the additional verification methods provide an added layer of security.

What to expect? You will continue to use your Keystone Login to access the DoBS Portal. Once you have entered your Keystone Login credentials, you will be prompted to enter a six-digit code (or token) that will be sent to the email address associated with your Keystone Login Account. If you have not successfully logged in within twenty minutes of receiving this unique code, you will need to hit the "Resend Code" button on the DoBS Portal

**Login page:** If you have not registered an email address or cell phone number with your Keystone Login Account, you will receive an error message indicating that you must update your Keystone Login Account to proceed.



This document does not include any Keystone related documentation, but links are available on the login screen for additional references.





# **Program Selection**

The DOBS Portal will be used by the different programs underneath the Department of Banking and Securities. Once a user has logged-in successfully, the user will be prompted to select the Program that they want to interact with. This document is focused on the Non-Depository program so selecting Non-Depository would allow the user to proceed.

| Self-Service Program Selection |   | DoBS Portal   |   | Welcome, Robert Drake Logout |
|--------------------------------|---|---|---|------------------------------|
|                                |   |   |   |                              |
|                                | Non-Depository  | Depository  | Registration  |                              |
|                                | Licensing, management, and<br>compliance enforcement of<br>non-banking lenders.                 | Licensing, management, and<br>compliance enforcement of<br>banking lenders. | Management of broker-<br>dealers and agents,<br>investment advisers and<br>representatives, and notice<br>filers. |                              |
|                                | Open  | Open  | Open  |                              |
|                                | - Any -   |   |   |                              |
|                                | Corp Finance  |   |   |                              |
|                                | Review and management of<br>security offerings prior to the<br>security being offered for sale. |   |   |                              |
|                                | Open  |   |   |                              |

# **Non-Depository Dashboard**

The Non-Depository Dashboard will show the Pending Tasks, My Entities and Draft License Applications associated with the user.

| Self-Service Program Selection | DoBS Portal | Welcome, Robert Drake Logou |
|--------------------------------|-------------|-----------------------------|
| Non-Depository                 |             | Actions -                   |
| Pending Tasks                  |             |                             |
| My Entities                    |             |                             |
| Draft License Applications     |             |                             |



# **General – Navigation**

The DOBS Portal allows the user to navigate through different screens using 2 ways. The user can either click the name of the tab on the left or click on the [Previous] / [Next] buttons at the bottom of the screen. The tab that the user is currently in will also have a different background color.

| Home / Create A New Entity |  |                  |
|----------------------------|--|------------------|
| Identification             | Locations  | 🖺 Save           |
| Locations                  | Please provide the following information about all locations assocaited with licenses which will be applied for this entity. |                  |
| Entity Officers            | Add Location   |                  |
| Books and Records          | No Locations Provided  |                  |
| Affirmation                | ≮ Previous   | Next <b>&gt;</b> |
|                            |  |                  |

# **General – Save**

The DOBS Portal allows the user to save information without submitting it for processing. This allows the user to enter the information and go back at a later time to complete it and submit. The [Save] button is available at various screens in the system.

| Home / Create A New Entity |  |        |
|----------------------------|--|--------|
| Identification             | Locations  | 🖺 Save |
| Locations                  | Please provide the following information about all locations assocaited with licenses which will be applied for this entity. |        |
| Entity Officers            | Add Location   |        |
| Books and Records          | No Locations Provided  |        |
| Affirmation                | < Previous   | Next > |

# **General – Attach File**

The DOBS Portal allows the user to attach various documents and files. This is a secure way of providing documentation to the DOBS. The [Attach File] button is available at various areas in the system.

| List all types of business offered on<br>your website | List all types of business offered on your website |
|---|--|
| Attach Articles of Incorporation                      | Attach File  |
| Attach Operating Agreement                            | Attach File  |
| Attach By-Laws  | Attach File  |



# **Creating a New Entity**

For institutions who have not transacted with the Department of Banking and Securities – Non-Depository, they will need to provide information of the entity that they are associated with. The steps below outline how an entity can be created in the DOBS Portal.

1. On the Non-Depository dashboard, click on the [Actions] button on right and select [Create a New Entity].

| Self-Service Program Selection                    | DoBS Portal | Welcome, Robert Drake Logout                            |
|---|-------------|---|
| Non-Depository                                    |             | Actions <del>v</del>                                    |
| Pending Tasks                                     |             | Create a New Entity<br>Join an Entity Using a Join Code |
| My Entities<br>No Entities Created<br><< < 1 > >> |             |   |
| No Draft Applications Started                     |             |   |

 On the [Create A New Entity] screen, provide all the information regarding the entity. The [Create a New Entity] screen has 5 sections (Identification, Locations, Entity Officers, Books and Records, Affirmation) which will need to be completed. Required fields will have a \* beside them.

[Entity Forced Name] is the alternate name approved by the Pennsylvania Department of State when the Legal name is already used in Pennsylvania.

If the entity was incorporated/formed in any state other than Pennsylvania, you will need to check the [Is this a foreign entity?] button and complete the required information.

| Self-Service Program Selection |  | DoBS   | Portal   |                            |
|--------------------------------|--|--|--|----------------------------|
| Create A New Entity            |  |  |  |                            |
| tome / Create A New Entity     |  |  |  |                            |
| fentification                  | Identification                                     |  |  | (B) Save                   |
| cations                        | How is business organized? *                       |  |  | ~                          |
| ntity Officers                 | Entity Name *                                      | Entity Name  |  |                            |
| ooks and Records               | Entity Name 2                                      | Entity Name 2  |  |                            |
| firmation                      | Entity Forced Name                                 | Entity Forced Name   |  |                            |
|                                | Federal ID Number *                                | Federal ID Number  |  |                            |
|                                | Phone Number                                       | Phone Number   | Phone Number Ext                               | Phone Number Ext           |
|                                | Secondary Phone Number                             | Secondary Phone Number                                       | Secondary Phone Number Ext                     | Secondary Phone Number Ext |
|                                | Fax Number   | Fax Number   | Fax Number Ext                                 | Fax Number Ext             |
|                                | Incorporation Date                                 | Incorporation Date   | Incorporation Place                            | - · ·                      |
|                                | Company Web Address                                | Company Web Address  |  |                            |
|                                | List all types of business offered on your website | List all types of business offered on your website           |  |                            |
|                                |  |  |  |                            |
|                                |  |  |  | te.                        |
|                                | Attach Articles of Incorporation                   | Attach File<br>Maximum file size per attachment: 300 MB.     |  |                            |
|                                | Attach Operating Agreement                         | Attach File  |  |                            |
|                                |  | Maximum file size per attachment: 300 MB.                    |  |                            |
|                                | Attach By-Laws                                     | Attach File<br>Ø Maximum file size per attachment: 300 MB.   |  |                            |
|                                | Legal Exception for Providing Documents            | Please provide legal opinion here if you are claiming exempt | on from providing the requested documentation. |                            |
|                                | Is this a foreign entity?                          | O Ves 🔹 No   |  | R                          |



Note that there will be buttons on the various screens where multiple entries will be allowed. For example, on the [Identification] section,

The [D/B/A], [Locations], [Entity Officers] and [Books and Records] section provide an ability to add multiple entries for their respective sections. Click [Next] to advance to the next section or [Save] to save your work and continue at a later time.

#### [D/B/A] section

Click on the [D/B/A/ tab, then click [Add a New D/B/A].

| Home / DBA TEST ENTITY | D/B/A           |
|------------------------|-----------------|
| Pending Tasks          | Add a New D/B/A |
| Active Applications    |                 |
| Identification         |                 |
| D/B/A                  |                 |
| Locations              |                 |

Enter the DBA name, attach the approved fictitious name registration from the Pennsylvania Department of State and the date the DBA was approved for use. Click [Add New D/B/A].

You can add multiple DBAs by clicking the [Add a New DBA] button again. Repeat the above process for each new DBA.

#### [Locations] section

Click [Add Location] to begin. There must be 1 location designated as the headquarters. The headquarters location may or may not have a license.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*



| d Location            |  |                      |                   |     |
|-----------------------|--|----------------------|-------------------|-----|
| cation                |  |                      |                   | Rem |
| Headquarters          | This location is my headquart<br>* Only one location can be set as |                      | 5.                |     |
| Country*              | United States  |                      |                   |     |
| Street Address*       | Street and number, P.O. box, c/o.                                  |                      |                   |     |
|                       | Apartment, suite, unit, building                                   | I, floor, etc.       |                   |     |
| City*                 | City   |                      |                   |     |
| Zip / Postal Code *   | Zip / Postal Code  | State / Province     |                   |     |
| County                | Out of State   |                      |                   |     |
| Office Phone Number * | Office Phone Number  | Office Fax<br>Number | Office Fax Number |     |
|                       |  | Number               |                   |     |

#### [Entity Officers] section

Click [Add Officers] to begin. Click on the [Instructions] in the upper right-hand corner for officer type descriptions.

The [Add Associated License] button allows for multiple entries and the [x] button will remove an entry.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Identification    | Entity Officers                               |  |                           |                        | E Sav |  |  |
|-------------------|---|--|---------------------------|------------------------|-------|--|--|
| Locations         | Please provide the following information      | n about all officers, directors, owners, partn   | ers or members and any ma | anagers of the entity. |       |  |  |
| Entity Officers   | Add Entity Officer                            |  |                           |                        |       |  |  |
| Books and Records | Entity Officer                                |  |                           | Re                     | move  |  |  |
| Affirmation       | Officer Type *                                |  | Title *                   |                        |       |  |  |
|                   |   | *  | Title                     |                        |       |  |  |
|                   | First Name *                                  |  | Last Name *               |                        |       |  |  |
|                   | First Name                                    |  | Last Name                 |                        |       |  |  |
|                   | Middle Name                                   |  |                           |                        |       |  |  |
|                   | Middle Name                                   |  |                           |                        |       |  |  |
|                   | Social Security Number *                      |  | Date of Birth *           |                        |       |  |  |
|                   | Social Security Number                        |  | Date Of Birth             |                        |       |  |  |
|                   | Home Phone Number*                            |  | Cell Phone Number*        |                        |       |  |  |
|                   | Home Phone Number                             |  | Cell Phone Number         |                        |       |  |  |
|                   | Email Address *                               |  |                           |                        |       |  |  |
|                   | Email   |  |                           |                        |       |  |  |
|                   | Country*                                      |  |                           |                        |       |  |  |
|                   | United States                                 |  |                           |                        |       |  |  |
|                   | Street Address *                              |  |                           |                        |       |  |  |
|                   | Street and number, P.O. box, c/o.             | Street and number, P.O. box, c/o.  |                           |                        |       |  |  |
|                   | Apartment, suite, unit, building, floor, etc. |  |                           |                        |       |  |  |
|                   | City*   |  |                           |                        |       |  |  |
|                   | City  |  |                           |                        |       |  |  |
|                   | Zip / Postal Code *                           | State / Province*  |                           | County                 |       |  |  |
|                   | Zip / Postal Code                             |  | ~                         | Out of State           | ~     |  |  |
|                   | Please list below all other entities that     | Other Associated Department of Banking and Securities Licenses<br>Please is to below all other entities that have been icensed or are currently licensed by the Department, for<br>which this individual has ever been involved: |                           |                        |       |  |  |
|                   | Business Name                                 | Liceose Type   | License Type              |                        |       |  |  |
|                   | Dusiriess warrie                              |  |                           |                        |       |  |  |



#### [Books and Records] section \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Identification    | Books and Records                                 |  |                                   |               | 🖺 Save     |  |
|-------------------|---|--|-----------------------------------|---------------|------------|--|
| Locations         | Please provide the following information a        | bout all address where any offical boo                               | oks or records related to the ent | ity are kept. |            |  |
| Entity Officers   | Add Books/Records Address                         |  |                                   |               |            |  |
| Books and Records | Books/Records Address                             |  |                                   |               | Remove     |  |
| Affirmation       | Company Name *                                    | Company Name   |                                   |               |            |  |
|                   | First Name *                                      | First Name   |                                   |               |            |  |
|                   | Last Name *                                       | Last Name  |                                   |               |            |  |
|                   | Phone Number *                                    | Phone Number   | - Fi                              | ax Number     | Fax Number |  |
|                   | Email   | Email  |                                   |               |            |  |
|                   | Country*  | United States  |                                   | ~             |            |  |
|                   | Street Address* Street and number, P.O. box, c/o. |  |                                   |               |            |  |
|                   | Apartment, suite, unit, building, floor, etc.     |  |                                   |               |            |  |
|                   | City*   | City   |                                   |               |            |  |
|                   | Zip / Postal Code *                               | Zip / Postal Code  | State / Province                  |               | <b>~</b>   |  |
|                   | County  | Out of State   |                                   |               | ~          |  |
|                   | Comments  | Comments Description of the records which are held at this location. |                                   |               |            |  |
|                   |   |  |                                   |               |            |  |
|                   |   |  |                                   |               |            |  |
|                   | < Previous  |  |                                   |               | Next >     |  |

3. Once all the information regarding the entity has been entered, the user will need to affirm the information on the [Affirmation] section and click on the [Submit] button.

When an Entity is submitted to DOBS, all information will be locked and can only be changed using amendments in the system. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Service Program Selection | DoBS Portal   | Welcome, Robert Drake Logout |
|--------------------------------|---|------------------------------|
| Create A New Entity            |   | Instructions                 |
| Home / Create A New Entity     |   |                              |
| Identification                 | Affirmation   |                              |
| Locations                      | I understand by submitting this form, I am agreeing to be bound by the following declaration *  |                              |
| Entity Officers                | "I declare that all of my answers on this form are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities." |                              |
| Books and Records              | Cancel Submit   |                              |
| Affirmation                    |   |                              |
|                                | <pre>¢ Previous</pre>   |                              |
|                                |   |                              |





4. When the [Submit] button has been clicked, the Entity can now be seen on the Non-Depository Dashboard. This will enable the user to submit applications, amendments and provide access to other users. Instructions for applying for a license can be found on subsequent pages.

| Self-Service Program Selection   | DoBS Porta                      | al                   | Welcome, Robert Drake Logout |
|--|---------------------------------|----------------------|------------------------------|
| Non-Depository   |                                 |                      | Actions                      |
| Pending Tasks  |                                 |                      |                              |
| My Entities  |                                 |                      |                              |
| Entity Name<br>ACME Lending  | Federal ID Number<br>45-4574747 | Status<br>Registered | Open                         |
| ex     ex     1     >       Draft License Applications       No Draft Applications Started       ex     ex     1     > |                                 |                      |                              |

# **Joining an Entity**

If an institution already exists in the DOBS Portal system, users are invited using a Join Code that is received in their email. Once a Keystone log-in has been created and a user logs in to the DOBS Portal, the user can then click on the [Actions] button then select [Join an Entity Using a Join Code].

| Self-Service Program Selection | DoBS Portal | Welcome, Robert Drake Logout     |
|--------------------------------|-------------|----------------------------------|
| Non-Depository                 |             | Actions 🗸                        |
|                                |             | Create a New Entity              |
|                                |             | Join an Entity Using a Join Code |

The user will then be prompted with a screen where the Join Code can be entered.

| Join an Entity | ×             | ¢ |
|----------------|---------------|---|
| Join Code *    | Join Code     |   |
|                | Cancel Submit |   |



# **Accessing the Entity Dashboard**

On the Non-Depository dashboard, the user can click on the Open for an entity that they are associated with. This allows the user to view entity information as well various Entity Actions.

| Self-Service Program Selection                             |               |                                 | DoBS Portal    |                      |             | Welcome, Robert Drake Logout |
|--|---------------|---------------------------------|----------------|----------------------|-------------|------------------------------|
| Non-Depository   |               |                                 |                |                      |             | Actions 💌                    |
| Pending Tasks  |               |                                 |                |                      |             |                              |
| My Entities  |               |                                 |                |                      |             |                              |
| Entity Name<br>ACME Lending                                |               | Federal ID Number<br>45-4574747 |                | Status<br>Registered |             | Open                         |
|  |               |                                 |                |                      |             |                              |
| Draft License Applications                                 |               |                                 |                |                      |             |                              |
|  |               |                                 |                |                      |             |                              |
| ACME Lending   |               |                                 |                |                      |             | Entity Actions 🗸             |
| Federal ID Number         Web Address           99-9999924 |               |                                 |                |                      |             |                              |
| Home / ACME Lending  |               |                                 |                |                      |             |                              |
| Pending Tasks  | Pending Tasks |                                 |                |                      |             |                              |
| Active Applications  | Task Name     | License Type                    | License Number | Location             | Assigned On | Due Date                     |
| Identification   |               |                                 | No Pendi       | ng Tasks             |             |                              |
| D/B/A  | << < 1 > >>   |                                 |                |                      |             |                              |
| Locations  |               |                                 |                |                      |             |                              |
| Entity Officers  |               |                                 |                |                      |             |                              |
| Books and Records  |               |                                 |                |                      |             |                              |
| User Management  |               |                                 |                |                      |             |                              |
|  |               |                                 |                |                      |             |                              |
|  |               |                                 |                |                      |             |                              |



# Applying for a License

The DOBS Portal enables the user to apply for a license online. The user will need to be a member of the Entity that they are applying a license for. Note that NMLS license types are not shown on the DOBS Portal since NMLS licenses should go through NMLS.

1. On the Entity dashboard, the user can click on [Entity Actions] button and select [Apply for a License].

| Self-Service Program Selection               | DoBS Portal | Welcome, Robert Drake Logout |
|--|-------------|------------------------------|
| ACME Lending                                 |             | Entity Actions 🕶             |
| Federal ID Number Web Address<br>45-45747477 |             | Apply for a License          |

2. The [Apply for a License] screen will then be shown, and the user can select the License Type and Location that is associated with the license. Once the entries are selected, click the [Submit] button to initiate a license application for the selected license type. If the location is not displayed, you will need to go back into the Entity and add the location(s).

| Self-Service Program Selection              | DoBS Porta  | Welcome, Robert Drake Logout |
|---|---|------------------------------|
| ACME Lending                                |   |                              |
| Federal ID Number Web Address<br>45-4574747 |   |                              |
| Home / ACME Lending / Apply for a Li        | cense   |                              |
|   | Apply for a License   |                              |
| License Type *                              | -   | •                            |
| Parent License                              | -   | ~                            |
|   | Required when a branch license is selected. In order to apply for a branch license, an existing primary<br>or pending license application must be selected. | cense                        |
| Location *                                  |   | •                            |
|   | Cancel Submit   |                              |

For Licenses associated with branch locations, the Parent License will need to be selected.

3. Please review the [Requirements] tab for more information on the requirements for licensure.

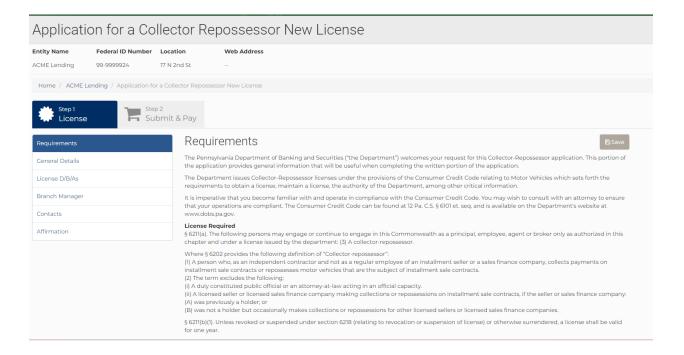


# **Applying for a License – Collector Repossessor**

1. After selecting "Collector Repossessor" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Collector Repossessor New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form has 6 sections – Requirements, General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

The Requirement section outlines all the requirements needed to apply for and maintain a license.



Please complete the General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.



#### [General Details] Section

| Application for a Collec   | ctor Repossessor New License   |
|--|--|
| Entity Name         Federal ID Number         Local           ACME Lending         99-9999924         17 N | Atlant     Web Address       2nd St  |
| Home / ACME Lending / Application for a Col  | llector Repossessor New License  |
| Step 1<br>License  | : & Pay  |
| Requirements   | General Details  |
| General Details<br>License D/B/As  | Have any officers, directors, owners, partners or members and any managers identified on this application ever been convicted of, pled guilty to, or pled nolo contendere (no contest) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or anywhere else? Section 6217(a)(3) of the Consumer Credit Code.*  |
| Branch Manager   | O'Yes O'No   |
| Contacts   | Within the past ten (10) years, has the applicant's affiliate, owner, partner, member, officer, director, employee or agent pleaded guilty to, entered a<br>plea of nolo contender (no contest) to or been convicted of a violation under Section 6271 (relating to operating without a license) or subsection A of Section 37<br>of the former act known as the Motor Vehicle Sales Finance Act? Section 6217(b)(2) of the Consumer Credit Code.* |
| Affirmation  | O Yes O No   |
|  | Have any legal proceedings involving consumer protection, usury, lending, real estate, licensing violations, breach of judiciary duty, fraud or similar issues been instituted, continued or concluded against the licensee? •<br>O Yes O No   |
|  | Bond Information   |
|  | A bond in the sum of five thousand dollars (\$5,000) must accompany each application. This bond must be furnished by a surety company legally authorized to<br>transact business in Pennsylvania, and must be written to conform to the period of licensure. Furthermore, the bond must be renewed and re-filed with the<br>Department, along with the submission of the license renewal, no later than September 15 of each year. § 6213          |
|  | Name of Bonding Company *  |
|  |  |
|  | Bond # • Bond #  |

#### [License D/B/As] Section

When applying for Collector Repossessor License please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Application       | on for a Colle                 | ector Rep           | ossessor New License |                                       |        |
|-------------------|--------------------------------|---------------------|----------------------|---------------------------------------|--------|
| Entity Name       | Federal ID Number Lo           | cation              | Web Address          |                                       |        |
| ACME Motors, Inc. | 99-9999924 17                  | N 2nd St            | -                    |                                       |        |
| Home / ACME M     | lotors, Inc. / Application for | a Collector Reposse | ssor New License     |                                       |        |
| Step 1<br>License | Step 2<br>Subm                 | it & Pay            |                      |                                       |        |
| Requirements      |                                | License             | e D/B/As             |                                       | 🗈 Save |
| General Details   |                                | Please select       | applicable D/B/As    |                                       |        |
| License D/B/As    |                                |                     | Name                 | Fictitious Name Registration Document |        |
| Branch Manager    |                                |                     | This is my test DBA  | Unicorn attachment.docx               |        |
| Contacts          |                                |                     |                      |                                       |        |
| Affirmation       |                                | Previous            |                      |                                       | Next > |
|                   |                                |                     |                      |                                       |        |
|                   |                                |                     |                      |                                       |        |



#### [Branch Manager] Section

Each licensed location requires a designated Branch Manager who is in charge of and responsible for the business operations of the branch location.

| Application for a Collector Repossessor New License |                        |                              |  |             |   |              |  |
|---|------------------------|------------------------------|--|-------------|---|--------------|--|
| Entity Name   | Federal ID Number      | Location                     | Web Address  |             |   |              |  |
| ACME Lending  | 99-9999924             | 17 N 2nd St                  | 12nd St  |             |   |              |  |
| Home / ACME Le                                      | nding / Application fo | or a Collector Reposses      | sor New License  |             |   |              |  |
| Step 1<br>License                                   | Ste Ste                | <sup>p 2</sup><br>bmit & Pay |  |             |   |              |  |
| Requirements  |                        | Branch                       | h Manager  |             |   | Save         |  |
| General Details                                     |                        |                              |  |             | h National Criminal History Record Information (fingerprint cards) a<br>or members and any managers as per Section 6217(a)(3) of the Cons   |              |  |
| License D/B/As                                      |                        | Credit Code                  | e. These forms must be completed along with license applica                              | tions. It i | or members and any managers as per section 621 (a)(5) of the Cons<br>is also required for all owners, partners, corporations, managers, and<br>leted along with license applications. It is also required for all owner | officers.    |  |
| Branch Manager                                      |                        |                              | is, managers, and officers.  | ine comp    | second along with needse applications, it is also required for an owner   | a, parcrera, |  |
| Contacts  |                        | First Name                   | •  |             | Last Name *   |              |  |
|   |                        | First Name                   | e  |             | Last Name   |              |  |
| Affirmation   |                        | Middle Nan                   | ne   |             |   |              |  |
|   |                        | Middle Na                    | ime  |             |   |              |  |
|   |                        | Title *                      |  |             | Suffix  |              |  |
|   |                        | Title                        |  |             | Suffix  |              |  |
|   |                        | Social Secu                  | Social Security Number *   |             | Date of Birth *   |              |  |
|   |                        | Social Sec                   | Social Security Number     Date Of Birth       Home Phone Number     Cell Phone Number * |             | Date Of Birth   | <b>m</b>     |  |
|   |                        | Home Phor                    |  |             |   |              |  |

#### [Contacts] Section

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application. \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Self-Service Program Selection            | DoBS Portal Welcome, Robert Drake Logout   |
|---|--|
| Application for a Colle                   | ctor Repossessor New License   |
|   | iation Web Address<br>ain St   |
| Home / ACME Lending / Application for a C | ollector Repossessor New License   |
| Step 1<br>License                         | it & Pay   |
| General Details                           | Contacts Bave  |
| Contacts                                  | Please provide the following information about the required contact types: Licensing Contact |
| Affirmation                               | Copy Existing Contact Add Contact  |
|   | CPrevious Next >   |

# Do Not Use Call Center telephone numbers for your Contact Information



2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed. If information is missing or incomplete, the dashboard will show the tab or tabs with errors and the missing information will be shown in red.

| Self-Service Program Selection          | DoBS P  | Portal | Welcome, Robert Drake Logout |
|---|---|--------|------------------------------|
| Application for a Colle                 | ector Repossessor New License   |        |                              |
|   | cation Web Address<br>Iain St   |        |                              |
| Home / ACME Lending / Application for a | ollector Repossessor New License  |        |                              |
| License Step 2<br>Step 1<br>Subr        | it & Pay  |        |                              |
| General Details                         | Affirmation   | 臣 Save |                              |
| Contacts                                | Understand by submitting this Collector Repossessor Application: I am agreeing to<br>answers on this License Application are complete, true and correct. I make this decl<br>unsworn falsification to authorities." * |        |                              |
| Ammation                                | l attest that I have read and understand the following (click each for link):<br>1. Consumer Credit Code  |        |                              |
|   | 2. Motor Vehicle FAQs<br>3. Motor Vehicle Sales Finance Examination Guide   |        |                              |
|   | Enter Name Below  |        |                              |
|   |   |        |                              |
|   | Finalize Application and Proceed to Cart  |        |                              |
|   | < Previous  |        |                              |

3. [Step 2 – Submit & Pay] screen will then be launched.

When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Serv             | rice Program Selectio    | n                                | -                          |             | DoBS Portal |  | Welcome, Robert Drake Logout |
|-----------------------|--------------------------|----------------------------------|----------------------------|-------------|-------------|--|------------------------------|
| Applicati             | on                       |                                  |                            |             |             |  |                              |
| Entity Name           | Federal ID Number        | Location                         | Web Address                |             |             |  |                              |
| ACME Lending          | 45-4574747               | 1 Main St                        |                            |             |             |  |                              |
| Home / ACMEL          | ending / Application     |                                  |                            |             |             |  |                              |
| Submit An             |                          | ာ2<br>ubmit & Pay                |                            |             |             |  |                              |
| Description           | u i uj                   |                                  | Quantity                   | Unit Price  | Amount      |  |                              |
| Application Fee       |                          |                                  |                            |             |             |  |                              |
|                       |                          |                                  |                            | Total Amo   |             |  |                              |
| You will be redirecte | ed to the secure Payeezy | / payment gateway <mark>1</mark> | for paying any outstanding | g fee(s). 🥥 |             |  |                              |
| Submit and Proc       | ceed to Payment          |                                  |                            |             |             |  |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# **Applying for a License – Consumer Discount Company**

 After selecting "Consumer Discount Company" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Consumer Discount Company New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form has 6 sections – Requirements, General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

The Requirement section outlines all the requirements needed to apply for and maintain a license.

Please complete the General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

#### ACME Lending 99-9999924 17 N 2nd St Home / ACME Lending / Application for a Consumer Discount New Li Step 2 Submit & Pay License General Details Requirements Does applicant currently hold one or more consumer discount company licenses? \* General Details O Yes O No License D/B/As Has any director or officer identified on this application ever been charged with, convicted of, pled guilty to, or pled nolo contendere (no contest) to any felony Financial Documents offense in this Commonwealth or anywhere else? Section 12 of the Consumer Discount Company Act O Yes O No Branch Manager Has any director or officer identified on this application ever been directly or indirectly, connected with any organization in Pennsylvania or elsewhere which had any application for license refused by any federal, state or municipal authority, or which had its license or registration suspended, canceled or revoked by Contacts Affirmation such an authority? O Yes O No Have any legal proceedings involving consumer protection, usury, lending, real estate, licensing violations, breach of judiciary duty, fraud or similar issues been instituted, continued or concluded against the licensee? O Yes O No Other Associated Department of Banking and Securities Licenses ess in any licensed place of business or where another business is conducted by the licensee A Consumer Discount Company licensee may conduct business in any incensed place of business or writere another business is conducted by the incenses or another person unless the Department determines that the conduct of such other business has concealed evasions of the Consumer Discount Company Act. Are there any additional business that will be operating from the location of the proposed Consumer Discount Company Licensee? O Yes O No Bond Information A bond in the sum of five thousand dollars (\$5,000) must accompany each application. This bond must be furnished by a surety company legally authorized to transact business in Pennsylvania and must be written to conform to the period of licensure. Bonds must be written to conform to the license period, and as such must expire on June 1 following the date of issuance. Name of Bonding Company \*

#### [General Details] Section



#### [License D/B/As] Section

When applying for Consumer Discount Company License please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Self-Service Program Selection                                |                  |                     | DoBS Portal                           |        |
|---|------------------|---------------------|---------------------------------------|--------|
| Application for a Consu                                       | imer Dis         | scount New License  |                                       |        |
| Entity NameFederal ID NumberLocalACME Lending99-999992417 N 2 |                  | Web Address         |                                       |        |
| Home / ACME Lending / Application for a Con                   | sumer Discount N | lew License         |                                       |        |
| Step 1<br>License   | & Pay            |                     |                                       |        |
| Requirements  | License          | D/B/As              |                                       | Save   |
| General Details   | Please select a  | applicable D/B/As   |                                       |        |
| License D/B/As  | •                | Name                | Fictitious Name Registration Document |        |
| Financial Documents   |                  | This is my test DBA | TEST ATTACHMENT.docx                  |        |
| Branch Manager  |                  |                     |                                       |        |
| Contacts  | Previous         |                     |                                       | Next > |
| Affirmation   |                  |                     |                                       |        |
|   |                  |                     |                                       |        |
|   |                  |                     |                                       |        |
|   |                  |                     |                                       |        |

#### [Financial Documents]

On the Financial documents page, you will need to load the initial or current financial documents.

| Self-Service Program Selection   | DoBS Portal   |
|--|---|
| Application for a Const  | umer Discount New License   |
| Entity Name         Federal ID Number         Local           ACME Lending         99-9999924         17 N | ation     Web Address       2nd St  |
| Home / ACME Lending / Application for a Con  | nsumer Discount New License   |
| Step 1<br>License  | & Pay   |
| Requirements   | Financial Documents   |
| General Details  | The applicant corporation for the initial consumer discount company license must be incorporated with a minimum capitalization (issued and outstanding<br>stock and additional paid-in capital) of \$75,000 (seventy-five thousand dollars). For additional offices, the \$75,000 initial minimum capitalization requirement is   |
| License D/B/As   | increased by \$25,000 (twenty-five thousand dollars) per additional office. The minimum capital must be maintained as permanent capital that shall not be<br>distributed to stockholders or be repurchased by a licensee without the prior written approval of the Secretary of Banking and Securities.   |
| Financial Documents  | Please attach the initial or current financial statement in accordance with the following:  |
| Branch Manager   | <ol> <li>Statements should be prepared and signed by a certified public accountant and prepared in compliance with generally accepted accounting principles.</li> <li>The financial statements must include, as a minimum, a balance sheet, statement of income and expense, retained earnings, change of financial position, any related notes to such statements, as well as other financial information which the Department may require.</li> </ol>   |
| Contacts   | 3. If the applicant's fiscal year ends 120 days or more prior to the date of initial application, then the applicant must forward the aforementioned financial statements covering the most recent fiscal year; and, the interim financial statements covering the most recent accounting period current to within 60   |
| Affirmation  | days of the date of application. Interim financial statements shall be constructed in compliance with the same accounting principles used to prepare the<br>company's annual financial statements and shall be attested as being true and correct by the applicant's president and/or chief accounting officer.   |
|  | 4. If the applicant is affiliated with another business entity then the applicant shall provide the aforementioned statements reflecting the applicant's<br>financial condition and operation on an unconsolidated basis; and, in addition thereto, the applicant must furnish the same statements on a<br>consolidated and/or combined basis to reflect the economic reality of all affiliations. If you have any questions, please contact the Department's Division<br>of Licensing at 717-787-3717. |
|  | Attach Files  |
|  | Maximum file size per attachment: 300 MB. Multiple attachments allowed.   |



Click on the [Attach Files...] button and select the file you want to attach. You can attach as many financial documents as needed.

[Branch Manager] Section

Each licensed location requires a designated Branch Manager who is in charge of and responsible for the business operations of the branch location.

| Application for a Co                                     | onsumer Discount New Li                    | pense   |
|--|--|---|
| Entity Name Federal ID Number<br>ACME Lending 99-9999924 | Location Web Address                       |   |
| Home / ACME Lending / Application f                      | or a Consumer Discount New License         |   |
|  | ep 2<br>ubmit & Pay                        |   |
| Requirements   | Branch Manager                             | El Save   |
| General Details  |  | uires all applicants to provide both National Criminal History Record Information (fingerprint cards) and<br>icers, directors, owners, partners or members and any managers as per Section 6217(a)(3) of the Consumer                     |
| License D/B/As   | Credit Code. These forms must be completed | long with license applications. It is also required for all owners, partners, corporations, managers, and officers.<br>(PDF) These forms must be completed along with license applications. It is also required for all owners, partners, |
| Financial Documents                                      | corporations, managers, and officers.      |   |
| Branch Manager   | First Name *                               | Last Name *   |
| Contacts   | First Name                                 | Last Name   |
|  | Middle Name                                |   |
| Affirmation  | Middle Name                                |   |
|  | Title *                                    | Suffix  |
|  | Title                                      | Suffix  |
|  | Social Security Number *                   | Date of Birth *   |
|  | Social Security Number                     | Date Of Birth   |
|  | Home Phone Number                          | Cell Phone Number *   |
|  | Home Phone Number                          | Cell Phone Number   |
|  | Email Address *                            |   |
|  | Email                                      |   |

#### [Contacts] Section

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application. \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Self-Service Program Selection  | DoBS Portal   |
|---|---|
| Application for a Consumer D  | Discount New License  |
| Entity Name         Federal ID Number         Location           ACME Lending         99-9999924         15 N Market St | Web Address   |
| Home / ACME Lending / Application for a Consumer Discou   | nt New License  |
| Step 1<br>License   |   |
| Requirements  | Contacts Save   |
| General Details   | Please provide the following information about the required contact types: Licensing Contact, Examination Contact, Compliance Contact, Consumer Services Contact, Billing Contact |
| License D/B/As  | ··· Copy Existing Contact Add Contact   |
| Financial Documents   |   |
| Branch Manager  | C Previous  |
| Contacts  |   |
| Affirmation   |   |

Do Not Use Call Center telephone numbers for your Contact Information



- 2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed.
- 3. [Step 2 Submit & Pay] screen will then be launched.

When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Service Program Selection  |  | DoBS              | Portal | Welcome, Robert Drake Logout |
|---|--|-------------------|--------|------------------------------|
| Application   |  |                   |        |                              |
|   | Location Web Address                       |                   |        |                              |
| Home / ACME Lending / Application   |  |                   |        |                              |
| Step 1<br>License   | o2<br>omit & Pay                           |                   |        |                              |
| Submit And Pay  |  |                   |        |                              |
| Description   | Quantity                                   | Unit Price Amount |        |                              |
| Application Fee   |  |                   |        |                              |
|   |  | Total Amount Due  |        |                              |
| You will be redirected to the secure Payeezy to Submit and Proceed to Payment | payment gateway for paying any outstanding | fee(s). Payeezy.  |        |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# Applying for a License – Consumer Discount Company Branch

The steps required to apply for a branch license are the same as applying for the initial location.

1. After selecting "Consumer Discount Company Branch" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Consumer Discount Company Branch New License] screen will be launched. Consumer Discount Company Branch license requires the selection of a [Parent License]

| ACME Lending                          |   |  |
|---------------------------------------|---|--|
| Federal ID Number Web Address         |   |  |
| 99-999924                             |   |  |
| Home / ACME Lending / Apply for a Lid | bense   |  |
|                                       | Apply for a License   |  |
| License Type *                        | Consumer Discount Company Branch                                |  |
| Parent License *                      |   |  |
|                                       | Consumer Discount New License Application #34576 at 17 N 2nd St |  |
| Location *                            |   |  |
|                                       | Cancel Submit   |  |
|                                       |   |  |
|                                       |   |  |
|                                       |   |  |
|                                       |   |  |

#### Note:

- 1. If the branch address was not added when the entity was created, you will need add the location. Select the entity from the Entity Dashboard and click [Open].
- 2. Click [Add Location] to begin.
- 3. Only 1 location may be designated as the headquarters location. After entering the location information, click [Submit]

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*



# **Applying for a License – Credit Services Loan Broker**

 After selecting "Credit Services Loan Broker" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Credit Services Loan Broker New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form will need to be filled out and will have 5 sections – General Details, License DBA's, Agents, Lenders, Contacts and Affirmation. Required fields will have a \* beside them.

#### [General Details] section

| Self-Servi                  | rice Program Selection   |                       |                                      | D                          | oBS Portal |        | Welcome, Robert Drake Logout |
|-----------------------------|--------------------------|-----------------------|--------------------------------------|----------------------------|------------|--------|------------------------------|
| Application                 | on for a Cre             | dit Servi             | ices Loan Brok                       | er New Lice                | nse        |        |                              |
| Entity Name<br>ACME Lending |                          | Location<br>1 Main St | Web Address                          |                            |            |        |                              |
| Home / ACME L               | ending / Application for | a Credit Services I   | Loan Broker New License              |                            |            |        |                              |
| Step 1<br>License           | Sub                      | 2<br>omit & Pay       |                                      |                            |            |        |                              |
| General Details             |                          |                       | al Details                           |                            |            | 🖺 Save |                              |
| Agents                      |                          | List the type         | es of loan broker services offered t | to consumer by the loan br | roker.*    |        |                              |
| Lenders                     |                          |                       |                                      |                            |            |        |                              |
| Contacts                    |                          |                       |                                      |                            |            |        |                              |
| Affirmation                 |                          |                       |                                      |                            |            |        |                              |
|                             |                          |                       |                                      |                            |            | ĥ      |                              |
|                             |                          |                       |                                      |                            |            | Next > |                              |

#### [License D/B/As] Section

When applying for Credit Services Loan Broker Registration please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Applicatio        | on for a Cre            | edit Servic              | es Loan Broker N    | ew License |                                       |        |
|-------------------|-------------------------|--------------------------|---------------------|------------|---------------------------------------|--------|
| Entity Name       | Federal ID Number       | Location                 | Web Address         |            |                                       |        |
| ACME Lending      | 99-9999924              | 17 N 2nd St              |                     |            |                                       |        |
| Home / ACME Le    | nding / Application for | r a Credit Services Loai | Broker New License  |            |                                       |        |
| Step 1<br>License | Sul                     | o 2<br>bmit & Pay        |                     |            |                                       |        |
| General Details   |                         | Licens                   | e D/B/As            |            |                                       | 🖺 Save |
| License D/B/As    |                         | Please selec             | t applicable D/B/As |            |                                       |        |
| Agents            |                         |                          | Name                |            | Fictitious Name Registration Document |        |
| Lenders           |                         |                          | This is my test DBA |            | TEST ATTACHMENT.docx                  |        |
| Branch Manager    |                         |                          |                     |            |                                       |        |
| Contacts          |                         | < Previou:               |                     |            |                                       | Next > |
| Affirmation       |                         |                          |                     |            |                                       |        |
|                   |                         |                          |                     |            |                                       |        |



#### [Agents] section

| Application       | on for a Cr            | edit Servic              | ces Loan Broker New License   |   |
|-------------------|------------------------|--------------------------|---|---|
| Entity Name       | Federal ID Number      | Location                 | Web Address   |   |
| ACME Lending      | 99-9999924             | 17 N 2nd St              |   |   |
| Home / ACME L     | ending / Application f | or a Credit Services Loa | an Broker New License   |   |
| Step 1<br>License |                        | ep 2<br>Ibmit & Pay      |   |   |
| General Details   |                        | Agent                    | ts 🗈 Save   | e |
| License D/B/As    |                        | Identify na              | ames and addresses of all agents and employees of the loan broker who act or will act as a loan broker on behalf of the loan broker. Section 8(d) |   |
| Agents            |                        | Add Age                  | nt -  |   |
| Lenders           |                        |                          |   |   |
| Branch Manager    |                        | Previou                  | Next 3  |   |
| Contacts          |                        |                          |   |   |
| Affirmation       |                        |                          |   |   |

You can add one or more agents by clicking on the [Add Agent] button and then completing the add agent form for each of them.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*

#### [Lenders] section

| Application for a C               | redit Services Loan Broker New License  |      |
|-----------------------------------|---|------|
| Entity Name Federal ID Numbe      | r Location Web Address  |      |
| ACME Lending 99-9999924           | 17 N 2nd St   |      |
| Home / ACME Lending / Application | for a Credit Services Loan Broker New License   |      |
| License                           | tep 2<br>Submit & Pay   |      |
| General Details                   | Lenders   | ave  |
| License D/B/As                    | List the name, address, and telephone number of all loan brokers or lenders on who behalf the applicant acts or will act. |      |
| Agents                            | Add Lender  |      |
| Lenders                           |   |      |
| Branch Manager                    | Previous  | kt 🔪 |
| Contacts                          |   |      |
| Affirmation                       |   |      |

You can add one or more lenders by clicking on the [Add Lender] button and then completing the add lender form for each of them.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*



#### [Contacts] Section

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application. \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Self-Service Program Selection          | DoBS Portal Welcome. Robert I  | Drake Logout |
|---|--|--------------|
| Application for a Cred                  | dit Services Loan Broker New License   |              |
|   | Address Main St  |              |
| Home / ACME Lending / Application for a | Credit Services Loan Broker New License  |              |
| Step 1<br>License                       | nit & Pay  |              |
| General Details                         | Contacts   |              |
| Agents                                  | Please provide the following information about the required contact types: Licensing Contact Copy Existing Contact Add Contact |              |
| Lenders                                 | ··· Copy Existing Contact  |              |
| Contacts                                | <pre> Vext3</pre>  |              |
| Affirmation                             | Virenus Reit 2   |              |

2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed.

### Do Not Use Call Center telephone numbers for your Contact Information

| Self-Service Program Selection                           | DoBS Portal Welcome, Robert Drake Logout  |
|--|---|
| Application for a Cre                                    | edit Services Loan Broker New License   |
| Entity Name Federal ID Number<br>ACME Lending 45-4574747 | Location Web Address<br>1 Main St   |
| Home / ACME Lending / Application fo                     | a Credit Services Loan Broker New License   |
| Step 1<br>License  | 22<br>bmit & Pay  |
| General Details  | Affirmation   |
| Agents   | Inderstand by submitting this Credit Services Loan Broker Company Application: I am agreeing to be bound by the following declaration: 'I declare that all of my answers on this Credit Services Loan Broker Application are complete, true and correct. I make this declaration subject to the |
| Lenders  | penalties of 18 PA.C.S. § 4904 relating to unsworm falsification to authorities." *<br>I attest that I have read and understand the following (click each for link):  |
| Contacts   | 1. Credit Services Loan Broker Act<br>2. Title 10, Pennsylvania Code, Chapter 42  |
| Affirmation  | Enter Name Below  |
|  |   |
|  | Finalize Application and Proceed to Cart  |
|  |   |
|  | € Previous  |

3. [Step 2 – Submit & Pay] screen will then be launched.



When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Service Program Selection   |                                   | DoB9             | Portal | Welcome, Robert Drake Logout |
|--|-----------------------------------|------------------|--------|------------------------------|
| Application  |                                   |                  |        |                              |
| Entity Name         Federal ID Number         Location           ACME Lending         45-4574747         1 Main St | Web Address                       |                  |        |                              |
| Home / ACME Lending / Application  |                                   |                  |        |                              |
| Submit And Pay   |                                   |                  |        |                              |
| Description  | Quantity Unit                     | Price Amount     |        |                              |
| Application Fee You will be redirected to the secure Payeezy payment gateway! Submit and Proceed to Payment        | or paying any outstanding fee(s). | Total Amount Due |        |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# **Applying for a License – Installment Seller**

1. After selecting "Installment Seller" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for an Installment Seller New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form has 6 sections – Requirements, General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

The Requirement section outlines all the requirements needed to apply for and maintain a license.

Please complete the General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

#### [General Details] section

| Application                      | for a Ins                  | stallment                      | Seller New License   |
|----------------------------------|----------------------------|--------------------------------|--|
| -                                | deral ID Number<br>9999924 | Location<br>17 N 2nd St        | Web Address  |
| Home / ACME Lending              | g / Application fo         | or a Installment Seller        | New License  |
| Step 1<br>License                | Ste Su                     | <sup>ip 2</sup><br>Ibmit & Pay |  |
| Requirements                     |                            | Gene                           | ral Details  |
| General Details                  |                            | contender                      | officers, directors, owners, partners or members and any managers identified on this application ever been convicted of, pled guilty to, or pled nolo<br>re (no contest) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or anywhere else? Section 6217(a)(3) of the         |
| License D/B/As<br>Branch Manager |                            | Consumer<br>O Yes C            | r Credit Code. *<br>O No   |
| Contacts                         |                            |                                | e past ten (10) years, has the applicant or applicant's affiliate, owner, partner, member, officer, director, employee or agent pleaded guilty to, entered a<br>lo contendere (no contest) to or been convicted of a violation under Section 6271 (relating to operating without a license) or subsection A of section |
| Affirmation                      |                            | 37 of the fo                   | ormer act known as the Motor Sales Finance Act? Section 6217(b)(2) of the Consumer Credit Code? *<br>) No  |
|                                  |                            | Do you pro<br>O Yes            | ovide or arrange financing for Manufactured Homes? *<br>) No   |
|                                  |                            | Has the ap<br>O Yes            | oplicant, as shown in Question #1, entered into any installment sale contracts prior to applying for an Installment Seller license? *<br>) No  |
|                                  |                            | instituted,                    | legal proceedings involving consumer protection, usury, lending, real estate, licensing violations, breach of judiciary duty, fraud or similar issues been continued or concluded against the licensee? *  |
|                                  |                            | O Yes C                        | ) No   |





#### [License D/B/As] Section

When applying for Installment Seller License please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Applicatio        | on for a Ins           | stallment S                  | eller New Licer     | ise |                                      |        |
|-------------------|------------------------|------------------------------|---------------------|-----|--------------------------------------|--------|
| Entity Name       | Federal ID Number      | Location                     | Web Address         |     |                                      |        |
| ACME Lending      | 99-9999924             | 17 N 2nd St                  |                     |     |                                      |        |
| Home / ACME Le    | nding / Application fo | r a Installment Seller N     | ew License          |     |                                      |        |
| Step 1<br>License | Su                     | <sup>p 2</sup><br>bmit & Pay |                     |     |                                      |        |
| Requirements      |                        | Licens                       | e D/B/As            |     |                                      | 🖺 Save |
| General Details   |                        | Please selec                 | t applicable D/B/As |     |                                      |        |
| License D/B/As    |                        |                              | Name                | Fi  | ictitious Name Registration Document |        |
| Branch Manager    |                        |                              | This is my test DBA |     | TEST ATTACHMENT.docx                 |        |
| Contacts          |                        |                              |                     |     |                                      |        |
| Affirmation       |                        | Previous                     |                     |     |                                      | Next 🕽 |

[Branch Manager] Section

Each licensed location requires a designated Branch Manager who is in charge of and responsible for the business operations of the branch location.

Complete the Branch Manager form and Click [Next] to move to Contacts. Please take note of the Country designation, it is defaulted to United States.\*\*

| Applica       | ation for a In           | stallmen              | t Seller New Licen  | se                                     |   |  |  |                               |
|---------------|--------------------------|-----------------------|---------------------|--|---|--|--|-------------------------------|
| Entity Name   | Federal ID Numbe         | r Location            | Web Address         |  |   |  |  |                               |
| ACME Lending  | 99-9999324               | 17 N 2nd St           | <b>a</b>            |  |   |  |  |                               |
| Home / AC     | ME Lending / Application | for a Installment Se  | ler New License     |  |   |  |  |                               |
|               |                          |                       |                     |  |   |  |  |                               |
| Lice          | nse 📕 s                  | tep 2<br>Jubmit & Pay |                     |  |   |  |  |                               |
| Requirement   | :5                       |                       | Branch Ma           | nager                                  |   |  |  | 😰 Save                        |
| General Detai | ils                      |                       | The Department of   | Banking and Securities requires all ap | plicants to provide both National Criminal History Record   | Information (fingerprint cards) and Pennsyli | vania Criminal Record Checks for all officers, direc | tors, owners, partners or     |
| License D/B// | 15                       |                       |                     |  | ne Consumer Credit Code. These forms must be complete<br>nust be completed along with license applications. It is als |  |  | agers, and officers. Criminal |
| Branch Mana   |                          |                       | First Name *        |  |   | Last Name *                                  |  |                               |
| Contacts      |                          |                       | First Name          |  |   | Last Name                                    |  |                               |
|               |                          |                       | Middle Name         | Middle Name                            |   |  |  |                               |
| Affirmation   |                          |                       | Middle Name         |  |   |  |  |                               |
|               |                          |                       | Title *             |  |   | Suffix                                       |  |                               |
|               |                          |                       | Title               |  |   | Suffix                                       |  |                               |
|               |                          |                       | Social Security Nu  | nber*                                  |   | Date of Birth *                              |  |                               |
|               |                          |                       | Social Security Nu  | mber                                   |   | Date Of Birth                                |  | <b>m</b>                      |
|               |                          |                       | Home Phone Num      | ber                                    |   | Cell Phone Number*                           |  |                               |
|               |                          |                       | Home Phone Nur      | hber                                   |   | Cell Phone Number                            |  |                               |
|               |                          |                       | Email Address *     |  |   |  |  |                               |
|               |                          |                       | Email               |  |   |  |  |                               |
|               |                          |                       | Country *           |  |   |  |  |                               |
|               |                          |                       | United States       |  |   |  |  | ~                             |
|               |                          |                       | Street Address *    |  |   |  |  |                               |
|               |                          |                       | Street and number   |  |   |  |  |                               |
|               |                          |                       | Apartment, suite,   | unit, building, floor, etc.            |   |  |  |                               |
|               |                          |                       | City *              |  |   |  |  |                               |
|               |                          |                       | City                |  |   |  |  |                               |
|               |                          |                       | Zip / Postal Code * |  | State / Province *  |  | County *   |                               |
|               |                          |                       | Zip / Postal Code   |  |   | ~  |  | ~                             |



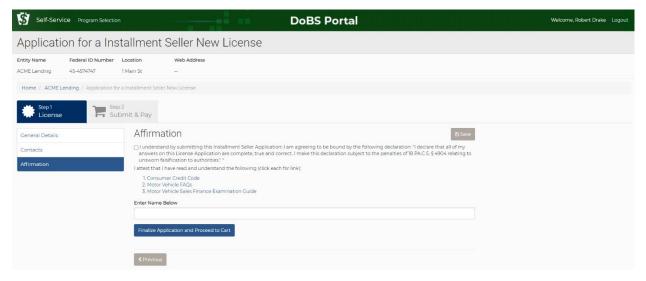
#### [Contacts] Section

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application. \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Self-Service Program Selection             |  | DoBS Portal                               |             | Welcome, Robert Drake Logout |
|--|--|---|-------------|------------------------------|
| Application for a Insta                    | Ilment Seller New License  |   |             |                              |
|  | cation Web Address<br>Iain St                                    |   |             |                              |
| Home / ACME Lending / Application for a In | istallment Seller New License                                    |   |             |                              |
| Step 1<br>License                          | it & Pay   |   |             |                              |
| General Details                            | Contacts   |   | 图 Save      |                              |
| Contacts                                   | Please provide the following information about the required cont | - (7) · (7)                               |             |                              |
| Affirmation                                |  | <ul> <li>Copy Existing Contact</li> </ul> | Add Contact |                              |
|  | ≮ Previous   |   | Next >      |                              |

### Do Not Use Call Center telephone numbers for your Contact Information

2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed.





3. [Step 2 – Submit & Pay] screen will then be launched.

When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Service Program Selection  |                                    | DoB9                                 | S Portal |  | Welcome, Robert Drake Logout |
|---|------------------------------------|--------------------------------------|----------|--|------------------------------|
| Application   |                                    |                                      |          |  |                              |
| Entity Name         Federal ID Number         Location           ACME Lending         45-4574747         1 Main S |                                    |                                      |          |  |                              |
| Home / ACME Lending / Application   |                                    |                                      |          |  |                              |
| Step 1<br>License Step 2<br>Submit &  | Pay                                |                                      |          |  |                              |
| Submit And Pay  |                                    |                                      |          |  |                              |
| Description   | Quantity                           | Unit Price Amount                    |          |  |                              |
| Application Fee   |                                    |                                      |          |  |                              |
|   |                                    | Total Amount Due                     |          |  |                              |
| You will be redirected to the secure Payeezy payment  | gateway for paying any outstanding | i fee(s). Payeezy<br>Port Data Power |          |  |                              |
| Submit and Proceed to Payment   |                                    |                                      |          |  |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# **Applying for a License – Retail Grocery Store Check Casher**

 After selecting "Retail Grocery Store Check Casher" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Retail Grocery Store Check Casher New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form has 6 sections – Requirements, General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

The Requirement section outlines all the requirements needed to apply for and maintain a license.

Please complete the General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

#### [General Details] section

| Applicatio        | on for a Re            | tail Groce                   | ery Store Check Casher New License  |        |
|-------------------|------------------------|------------------------------|---|--------|
| Entity Name       | Federal ID Number      | Location<br>17 N 2nd St      | Web Address   |        |
| Home / ACME Le    | nding / Application fo | or a Retail Grocery Sto      | ore Check Casher New License  |        |
| Step 1<br>License | Survey Stee            | <sup>p 2</sup><br>bmit & Pay |   |        |
| Requirements      |                        | Gene                         | ral Details   | 🖹 Save |
| General Details   |                        | Are you a<br>(P.L. 421, 1    | n Retail Food Store licensed/registered as a food establishment as defined in Section 2 of the Food Act<br>No 70)? *  |        |
| License D/B/As    |                        | O Yes C                      | ON C  |        |
| Branch Manager    |                        |                              | I Retail Food Store licensed/registered as a public eating or drinking place as defined in Section 1 of the<br>ting and Drink Place Law (P.L. 926, No. 369)? *  |        |
| Contacts          |                        | O Yes C                      | O NO  |        |
| Affirmation       |                        |                              | ce with local zoning laws: Provide a signed statement by the applicant that the applicant is operating<br>mpliance with all local zoning laws and laws pertaining to the operation of a business in this<br>wealth. |        |
|                   |                        | Attach F                     | File  |        |
|                   |                        |                              | um file size per attachment: 300 MB.  |        |
|                   |                        |                              | ce with Municipal and County Ordinances: Provide a signed statement by the applicant that the<br>t has complied with all applicable municipal and county ordinances or requirements for doing business.             |        |
|                   |                        | Attach F                     |   |        |
|                   |                        | Retail Foo                   | um file size per attachment: 300 MB.<br>od Store License/Registration: Provide copy of License or Registration as an Eating or Drinking Place or<br>stablishment Food Store. *<br>File                              |        |
|                   |                        |                              |   |        |



#### [License D/B/As] Section

When applying for Retail Grocery Store Check Casher license please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Self-Service Program Selection   |   | DoBS Portal                           |        |
|--|---|---------------------------------------|--------|
| Application for a Retail   | Grocery Store Check                         | Casher New License                    |        |
| Entity Name         Federal ID Number         Local           ACME Lending         99-9999924         17 N | tion         Web Address           2nd St   |                                       |        |
| Home / ACME Lending / Application for a Ret  | tail Grocery Store Check Casher New License |                                       |        |
| Step 1<br>License  | : & Pay                                     |                                       |        |
| Requirements   | License D/B/As                              |                                       | 🖺 Save |
| General Details  | Please select applicable D/B/As             |                                       |        |
| License D/B/As   | Name  | Fictitious Name Registration Document |        |
| Branch Manager   | This is my test DBA                         | TEST ATTACHMENT.docx                  |        |
| Contacts   |   |                                       |        |
| Affirmation  | Previous                                    |                                       | Next > |

#### [Branch Manager] Section

Each licensed location requires a designated Branch Manager who is in charge of and responsible for the business operations of the branch location.

Complete the Branch Manager form and Click [Next] to move to Contacts. Please take note of the **Country** designation, it is defaulted to United States.\*\*

| Application for a Retail Grocery Store Check Casher New License |                       |                       |                              |    |                     |        |
|---|-----------------------|-----------------------|------------------------------|----|---------------------|--------|
| Entity Name   | Federal ID Number     | Location              | Web Address                  |    |                     |        |
| ACME Lending  | 99-9999924            | 17 N 2nd St           |                              |    |                     |        |
| Home / ACME Le  | nding / Application f | or a Retail Grocery S | ore Check Casher New License |    |                     |        |
| Step 1<br>License   |                       | ap 2<br>Jbmit & Pay   |                              |    |                     |        |
| Requirements  |                       | Bran                  | ch Manager                   |    |                     | P Save |
| General Details   |                       | First Nar             | ne *                         |    | Last Name *         |        |
| License D/B/As  |                       | First Na              | me                           |    | Last Name           |        |
| License D/B/As  |                       | Middle N              | ame                          |    |                     |        |
| Branch Manager  |                       | Middle                | Name                         |    |                     |        |
| Contacts  |                       | Title *               |                              |    | Suffix              |        |
| Affirmation   |                       | Title                 |                              |    | Suffix              |        |
|   |                       | Social Se             | curity Number *              |    | Date of Birth *     |        |
|   |                       | Social S              | ecurity Number               |    | Date Of Birth       | *      |
|   |                       | Home Pl               | one Number                   |    | Cell Phone Number * |        |
|   |                       | Home                  | Phone Number                 |    | Cell Phone Number   |        |
|   |                       | Email Ac              | dress *                      |    |                     |        |
|   |                       | Email                 | Sear                         | ch |                     |        |



[Contacts] Section

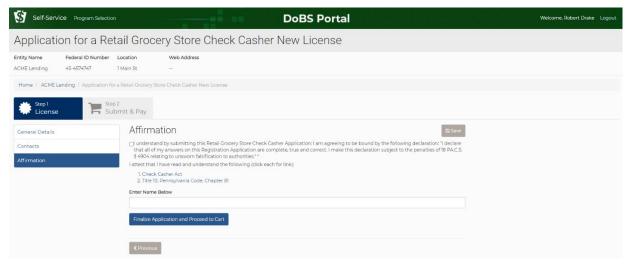
The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*

### Do Not Use Call Center telephone numbers for your Contact Information

| Self-Service Program Selection            | DoBS Portal Welcome Robert Drake Logout  |
|---|--|
| Application for a Reta                    | il Grocery Store Check Casher New License  |
|   | cation Web Address<br>tein St  |
| Home / ACME Lending / Application for a R | letail Grocery Store Check Casher New License  |
| Step 1<br>License                         | ilt & Pay  |
| General Details                           | Contacts & Save  |
| Contacts                                  | Please provide the following information about the required contact types: Licensing Contact, Examination Contact, Compliance Contact, Consumer<br>Services Contact, Billing Contact |
| Affirmation                               | Copy Existing Contact  |
|   |  |
|   | < Previous Next >  |

2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed.





3. [Step 2 – Submit & Pay] screen will then be launched.

When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Service Program Selection  |  | DoBS               | Portal | Welcome, Robert Drake Logout |
|---|--|--------------------|--------|------------------------------|
| Application   |  |                    |        |                              |
| Entity Name         Federal ID Number         Location           ACME Lending         45-4574747         1 Main S |  |                    |        |                              |
| Home / ACME Lending / Application   |  |                    |        |                              |
| Step 1<br>License   | Pay  |                    |        |                              |
| Submit And Pay  |  |                    |        |                              |
| Description   | Quantity Unit                              | ice Amount         |        |                              |
| Application Fee   |  |                    |        |                              |
| You will be redirected to the secure Payeezy payment  | asteway for paying any outstanding fee(s)  | Total Amount Due   |        |                              |
| Submit and Proceed to Payment   | gaverag ior paying only outstanding recty. | First Data Provend |        |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# Applying for a License – Retail Grocery Store Check Casher Branch

The steps required to apply for a branch license are the same as applying for the initial location.

| Self-Service Program Selectio                      | DoBS Portal   |   |
|--|---|---|
| ACME Lending                                       |   |   |
| Federal ID Number     Web Address       99-9999924 |   |   |
| Home / ACME Lending / Apply for a Lie              | zense and a second s   |   |
|  | Apply for a License   |   |
| License Type *                                     | Retail Grocery Store Check Casher Branch  | ~ |
| Parent License *                                   |   | ~ |
|  | Required when a branch license is selected. In order to apply for a branch license, an existing primary license<br>or pending license application must be selected. |   |
| Location *   |   | • |
|  | Cancel Submit   |   |
|  |   |   |

Note:

- 1. If the branch address was not added when the entity was created, you will need add the location. Select the entity from the Entity Dashboard and click [Open].
- 2. Click [Add Location] to begin.
- 3. Only 1 location may be designated as the headquarters location. After entering the location information, click [Submit]

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*



## **Applying for a License – Sales Finance**

 After selecting "Sales Finance" as the License Type and the location associated with it on the [Apply for a License] screen, the [Application for a Sales Finance New License] screen will be launched. There are 2 Steps – Step 1 License and Step 2 Submit & Pay.

The form has 6 sections – Requirements, General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

The Requirement section outlines all the requirements needed to apply for and maintain a license.

Please complete the General Details, License D/B/A, Branch Manager, Contacts and Affirmation. Required fields will have a \* beside them.

#### [General Details] section

| Application for a Sales   | Finance Company New License   |
|---|---|
| Entity Name         Federal ID Number         Loca           ACME Lending         99-9999924         17 N | xtion         Web Address           2nd St.   |
| Home / ACME Lending / Application for a Sal   | es Finance Company New License  |
| Step 1<br>License   | t & Pay   |
| Requirements  | General Details   |
| Ceneral Details   | Have any officers, directors, owners, partners or members and any managers identified on this application ever been convicted of, pled guilty to, or pled nolo contendere (no contest) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or anywhere else? Section 6277(a)(3) of the                |
| License D/B/As  | Consumer Credit Code.*  |
| Branch Manager  | O Yes O No  |
| Contacts  | Within the past ten (10) years, has the applicant or applicant's affiliate, owner, partner, member, officer, director, employee or agent pleaded guilty to, entered a<br>plea of nolo contender (no contest) to or been convicted of a violation under Section 6271 (relating to operating without a license) or subsection A of section 37 |
| Affirmation   | of the former act known as the Motor Vehicle Sales Finance Act? Section 6217(b)(2) of the Consumer Credit Code. *<br>O Yes O No   |
|   | Have any legal proceedings involving consumer protection, usury, lending, real estate, licensing violations, breach of judiciary duty, fraud or similar issues been instituted, continued or concluded against the licensee? *  |
|   | O Yes O No  |
|   | Do you service or hold installment sales contracts for manufactured homes? *<br>O Yes O No  |
|   | Bond Information  |



#### [License D/B/As] Section

When applying for Sales Finance license please select any DBA's that will be associated with this license by clicking the checkbox next to the appropriate name.

| Self-Service      | Program Selection               |                         |                     | DoB9        | 5 Portal                           |        |
|-------------------|---------------------------------|-------------------------|---------------------|-------------|------------------------------------|--------|
| Applicatio        | n for a Sa                      | les Financ              | e Company N         | New License |                                    |        |
|                   | Federal ID Number<br>99-9999924 | Location<br>17 N 2nd St | Web Address         |             |                                    |        |
| Home / ACME Lend  | ding / Application fo           | r a Sales Finance Comp  | any New License     |             |                                    |        |
| Step 1<br>License | Ste Su                          | o 2<br>bmit & Pay       |                     |             |                                    |        |
| Requirements      |                                 | Licens                  | e D/B/As            |             |                                    | 🖺 Save |
| General Details   |                                 | Please selec            | t applicable D/B/As |             |                                    |        |
| License D/B/As    |                                 |                         | Name                |             | Fictitious Name Registration Docum | ent    |
| Branch Manager    |                                 |                         | This is my test DBA |             | TEST ATTACHMENT.docx               |        |
| Contacts          |                                 |                         |                     |             |                                    |        |
| Affirmation       |                                 | Previous                |                     |             |                                    | Next > |

#### [Contacts] Section

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application. \*\*Please take note of the Country designation, it is defaulted to United States.\*\*

### Do Not Use Call Center telephone numbers for your Contact Information

| Self-Service Program Selection          | DoBS Portal Welcome, Robert Drake  | Logout |
|---|--|--------|
| Application for a Sale                  | es Finance Company New License   |        |
|   | Location Web Address   |        |
| Home / ACME Lending / Application for a | a Saliss Finance Company New License   |        |
| Step 1                                  | 2<br>mit & Pay   |        |
| General Details                         | Contacts BSive   |        |
| Contacts                                | Please provide the following information about the required contact types: Licensing Contact, Examination Contact, Compliance Contact, Consumer<br>Services Contact, Billing Contact |        |
| Affirmation                             | Copy Existing Contact Add Contact  |        |
|   |  |        |
|   | < Previous Next >  |        |



2. Once all the information regarding the license application has been entered, the user will have to affirm the information on the [Affirmation] section. The Name entered will serve as the electronic signature. Click on the [Finalize Application and Proceed to Cart] button to proceed.

| Self-Service Program Selection        |   | DoBS Portal   |        | Welcome, Robert Drake Logout |
|---------------------------------------|---|---|--------|------------------------------|
| Application for a Sal                 | es Finance Company Nev  | v License   |        |                              |
|                                       | Location Web Address  |   |        |                              |
| Home / ACME Lending / Application for | a Sales Finance Company New License   |   |        |                              |
| Step 1<br>License                     | 2<br>mit & Pay  |   |        |                              |
| General Details                       | Affirmation   |   | 🗈 Save |                              |
| Contacts                              | answers on this Sales Finance Application are co  | pplication: I am agreeing to be bound by the following declara<br>omplete, true and correct. I make this declaration subject to the |        |                              |
| Affirmation                           | relating to unsworn falsification to authorities."<br>I attest that I have read and understand the follow |   |        |                              |
|                                       | 1. Consumer Credit Code<br>2. Motor Vehicle FAQs<br>3. Motor Vehicle Sales Finance Examination Gu         | ide   |        |                              |
|                                       | Enter Name Below  |   |        |                              |
|                                       | Finalize Application and Proceed to Cart  |   |        |                              |
|                                       | < Previous  |   |        |                              |

3. [Step 2 – Submit & Pay] screen will then be launched.

When an application is submitted to DOBS, all information will be locked. Prior to submission, the user should make sure that all information is complete, true and correct as it is subject to the penalties.

| Self-Ser                       | vice Program Selection        |                                       |            | DoBS Portal                  | Welcome, Robert Drake Logout |
|--------------------------------|-------------------------------|---------------------------------------|------------|------------------------------|------------------------------|
| Applicat                       | ion                           |                                       |            |                              |                              |
| Entity Name<br>ACME Lending    |                               | cation Web Address<br>fain St         |            |                              |                              |
| Home / ACME                    | Lending / Application         |                                       |            |                              |                              |
| Step 1<br>License              | e Subm                        | nit & Pay                             |            |                              |                              |
| Submit Ar                      | nd Pay                        |                                       |            |                              |                              |
| Description<br>Application Fee |                               | Quantity                              | Unit Price | Amount                       |                              |
| Application Fee                |                               |                                       | Total An   | rount Due                    |                              |
| You will be redirect           | ted to the secure Payeezy pay | ment gateway for paying any outstandi | ng fee(s). | Payeezy.<br>Pre bras Powered |                              |
| Submit and Pro                 | oceed to Payment              |                                       |            |                              |                              |

When the user clicks on [Submit and Proceed to Payment], the user will be redirected to a thirdparty vendor – Payeezy – where they will enter their payment information.

Once the payment goes through, the user will be redirected back to the Non-Depository dashboard.



# **Viewing Applications**

The DOBS Portal enables the user to view the status of the application. On the Entity Dashboard, the user can go to the [Active Applications] section to see the status of an existing application.

| Test Entity 2 Name C                                       | Change                 |                            |                    |                     | Entity Actions 🗸 |
|--|------------------------|----------------------------|--------------------|---------------------|------------------|
| Federal ID Number         Web Address           77-7777777 |                        |                            |                    |                     |                  |
| Home / Test Entity 2 Name Change                           |                        |                            |                    |                     |                  |
| Pending Tasks  | Active Applicat        | ions                       |                    |                     |                  |
| Active Applications  | Completed Applications |                            |                    |                     |                  |
| Identification   | Application Number     | Application Type           | Application Status | Date Submitted      |                  |
| Locations  | 10084                  | License Contacts Amendment | In-Progress        | 10/15/2020 09:42 am | View Withdraw    |
| Entity Officers  | << < 1 > >>            |                            |                    |                     |                  |
| Books and Records  |                        |                            |                    |                     |                  |
| User Management  |                        |                            |                    |                     |                  |

# **Withdraw License Applications**

The DoBS Portal will allow a user to withdraw and active application by clicking the [Withdraw] button on the application they wish to withdraw.

You will need to give a reason for the withdrawal and confirm by click on [Withdraw Application]

| Withdraw Applicat    | ion ×                                    |
|----------------------|--|
| Withdraw<br>Reason * | Write Reason for Withdrawing Application |
|                      | Cancel Withdraw Application              |



# **Discard License Applications**

The DOBS Portal enables the user to discard a saved application. On the Non-Depository Dashboard, the user can go to the [Draft License Applications] section and click on the [Discard] button.

| Self-Service Program Selection | DoB                             | S Portal  |                                      | Welcome, Robert Drake Logout |
|--------------------------------|---------------------------------|---|--------------------------------------|------------------------------|
| Non-Depository                 |                                 |   |                                      | Actions 🔻                    |
| Pending Tasks                  |                                 |   |                                      |                              |
| My Entities                    |                                 |   |                                      |                              |
| Entity Name<br>ACME Lending    | Federal ID Number<br>45-4574747 | Status<br>Registered                              |                                      | Open                         |
|                                |                                 |   |                                      |                              |
| Draft License Applications     |                                 |   |                                      |                              |
| Entity Name<br>ACME Lending    | Federal ID Number<br>45:4574747 | Application Type<br>Consumer Discount New License | Last Modified<br>08/31/2020 11:04 am | Discard Open                 |
|                                |                                 |   |                                      |                              |



### **Accessing License Information**

The DOBS Portal enables the user to view license information as well as retrieve a copy of the License Certificate. On the Entity Dashboard, the user can go to the [Locations] section and on the Location and License, click on the [Open] button.

| Self-Service Program Selection              |                             |      | DoBS Portal          |        |          | Welcome, Robert Drake Logou |
|---|-----------------------------|------|----------------------|--------|----------|-----------------------------|
| ACME Lending                                |                             |      |                      |        |          | Entity Actions 🗢            |
| Federal ID Number Web Address<br>45-4574747 |                             |      |                      |        |          |                             |
| Home / ACME Lending                         |                             |      |                      |        |          |                             |
| Pending Tasks                               | Locations                   |      |                      |        |          |                             |
| Active Applications                         | Address 1 Main St           |      | License              | Number | Status   |                             |
| Identification                              | Harrisburg, PA 1<br>Dauphin | 7101 | Collector Repossesso | 1      | Approved | Open                        |
| Locations                                   | Phone 717-877-8777          | Fax  | Installment Seller   | 2      | Approved | Open                        |
| Entity Officers                             | Headquarters                |      |                      |        |          |                             |
| Books and Records                           |                             |      |                      |        |          |                             |
| User Management                             |                             |      |                      |        |          |                             |

The user will then be presented with the License screen. The user can click on the [license\_certificate.pdf] to download the certificate.

| Self-Service Program Selection                          |  | DoBS Portal                            |                                       | Welcome, Robert Drake Logout |
|---|--|--|---------------------------------------|------------------------------|
| ACME Lending  |  |  |                                       | License Actions 🕶            |
| License Type License Number<br>Collector Repossessor 1  | Status Original License Date Approved 08/27/2020 |  |                                       |                              |
| Home / ACME Lending / License #1 - Collector Repossesso | or:  |  |                                       |                              |
| General Information                                     | General Information                              |  |                                       |                              |
| License Bonds   | License Type                                     | Collector Repossessor                  |                                       |                              |
| Certificate History                                     | License Number                                   | 1                                      |                                       |                              |
| License Contacts  | Status   | Approved                               |                                       |                              |
| Collector Repossessors                                  | Original Issue Date                              | 08/27/2020                             |                                       |                              |
|   | Original License Number                          |  |                                       |                              |
|   | NMLS Entity ID                                   | 1000                                   |                                       |                              |
|   | NMLS Transition Date                             | **                                     |                                       |                              |
|   | SAP Account Number                               |  |                                       |                              |
|   | D/B/A(s)   | Name                                   | Fictitious Name Registration Document |                              |
|   |  | License has                            | no D/B/A registrations.               |                              |
|   | Location   | 1 Main St<br>Harrisburg, PA 17101      |                                       |                              |
|   | License Certificate                              | license_certificate.pdf                |                                       |                              |
|   |  | Effective Date 08/27/2020 - 09/30/2020 |                                       |                              |
|   | Next Exam Date                                   | Not Scheduled                          |                                       |                              |
|   | License History                                  | Status                                 | Effective Date *                      |                              |
|   |  | Approved                               | 08/27/2020 03:17 pm                   |                              |



### **Surrendering A License**

The DOBS Portal enables the user to surrender the license. On the Entity Dashboard, the user can go to the [Locations] section and on the Location and License, click on the [Open] button.

Click on [License Actions] in the upper right-hand corner. Select [Surrender License].

| Welcome    | e, John Test Logout |
|------------|---------------------|
|            | License Actions 🗸   |
| Apply to E | dit Branch Manager  |
| Apply to E | dit Contacts        |
| Apply to E | dit Address         |
| Surrender  | License             |

#### Complete the requested information and any required documents.

| Surrender License              |  |
|--------------------------------|--|
| Effective Date of Surrender *  | Date of Surrender  |
| Reason for license surrender * | Please provide reason for license surrender.   |
|                                |  |
| Upload attachments             | Please Attach the following information on the status of each loan to Pennsylvania consumers that are outstanding:<br>- Name of Consumer<br>- Consumer Address and telephone number<br>- Current Application Status<br>- Loan Number<br>- Annount of Loan<br>- Contact information for applicable lender with who each loan will be placed<br>- Date loan will be resolved |
| Licenses to Surrender:*        | Attach Files   |
| Affirmation *                  | □ I understand by submitting this Surrender License Application: I am agreeing to be bound by the following declaration: I declare that all of my answers on this License Application are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.**                            |
|                                | Enter Name Below   |
|                                | Cancel Submit  |



# Apply to Add/Edit/Remove a Contact

The DoBS portal will allow you to apply to edit, add or remove a contact for a licensed location. This can be done from the [License] screen.

On the Entity Dashboard, the user can go to the [Locations] section and on the Location and License, click on the [Open] button.

Click on [License Actions] in the upper right-hand corner. Select [Apply to Edit Contacts].

### Do Not Use Call Center telephone numbers for your Contact Information

| Welcome, John Test Logout    |
|------------------------------|
| License Actions 🔻            |
| Apply to Edit Branch Manager |
| Apply to Edit Contacts       |
| Apply to Edit Address        |
| Surrender License            |

[Contacts] Section

The [Remove] allows the user the remove the existing contact.

The [Copy Existing Contact] allows the user to get information that was previously entered in the [Contacts] Section or the [Entity Officers] and copy it into the license application.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*

| Apply to Edit Contacts |  |                      |   |
|------------------------|--|----------------------|---|
|                        | Please provide the following information about the required contact types: Licer | nsing Contact, Exami | ination Contact, Compliance Contact, Consumer Services Contact, Billing Contact |
|                        | -  |                      | ✓ Copy Existing Contact Add Contact   |
|                        |  |                      |   |
|                        | Contact  |                      | Copy  |
|                        | Contact Type *   |                      | Title •   |
|                        | Billing Contact  | ~                    | President   |

After all additions/changes have been completed you will need to affirm to the edits by clicking on the [Affirmation] checkbox and then entering your name.



Click [Submit] to send your request to DoBS for review.

The application will be reviewed by DoBS and a response will be sent once a decision has been made.

| Document Upload   |
|---|
| Upload any other relevant documents   |
| Attach Files  |
| Affirmation *   |
| I understand by submitting this License Contacts Change Application: I am agreeing to be bound by the following declaration: "I declare that all of my answers on this License Application are<br>complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities."* |
| Enter Name Below  |
|   |
| Cancel Submit   |
|   |



## **Accessing Entity Officers**

The DoBS portal will allow you to apply to edit/remove an officer for an entity. This can be done from the [Entity Officer] screen.

| est Entity 2 Name                    | Change                |                      |                              |  | Entity Actions   |
|--------------------------------------|-----------------------|----------------------|------------------------------|--|------------------|
| ederal ID Number Web Address         |                       |                      |                              |  |                  |
| Home / Test Entity 2 Name Change     |                       |                      |                              |  |                  |
| Pending Tasks                        | Entity Officers       |                      |                              |  |                  |
| Active Applications                  | First Name<br>Seymore | Last Name<br>Beaches | <b>Email</b><br>sdick@pa.gov | Residential Address<br>17 N 2nd St<br>Harrisburg, PA 17101 | 🕼 Apply To Edit  |
| Locations                            | Home Phone Number     | Cell Phone Number    | Title                        | Officer Type   |                  |
| Entity Officers                      | 444-555-1478          | 444-555-1478         | President                    | Control Person   |                  |
| Books and Records<br>User Management | First Name<br>Buffy   | Last Name<br>Summers | <b>Email</b><br>sdick@pa.gov | Residential Address<br>17 N 2nd St<br>Harrisburg, PA 17101 | Gt Apply To Edit |
|                                      | Home Phone Number     | Cell Phone Number    | Title                        | Officer Type   |                  |
|                                      | 444-555-1478          | 444-555-1478         | Vice President               | Control Person   |                  |

# Apply to Edit Entity Officer

To Edit/Remove an entity officer click on

C Apply To Edit

next to the officer you want to work on.

#### Please note: Do Not use the edit function to add a new officer.

To remove the officer, click on the [Officer is being removed] and click [Submit].

| Apply to Edit Officer |   |   |                          |  |  |  |  |
|-----------------------|---|---|--------------------------|--|--|--|--|
|                       | Please provide the following information about the officer, director, owner, partners, member or manager of the entity.   |   |                          |  |  |  |  |
|                       | ranch Manager: A person that must meet certain requirements and is responsible for the actions of the company.  |   |                          |  |  |  |  |
|                       | Control Person - A control person is an individual (natural person) that directly or indirectly exercises control over the applicant or licensee. This definition includes any individual that is an equity owner or member, executive officer or<br>individuals, regardless of tible, who have the power directly or indirectly to direct the management or policies of a company. |   |                          |  |  |  |  |
|                       | Entity Officer  |   |                          |  |  |  |  |
|                       | Effective Date of Change *  |   |                          |  |  |  |  |
|                       | Effective Date of Change  | # | Officer is being removed |  |  |  |  |
|                       | Officer Type *  |   | Title *                  |  |  |  |  |
|                       | Control Person  | ~ | Member                   |  |  |  |  |
|                       | EIN/Fed ID  |   | First Name *             |  |  |  |  |
|                       |   |   | Seymore                  |  |  |  |  |

To edit the officer, make necessary changes to the screen and then click [Submit].

Fields that cannot be edited:

- Social Security Number
- Date of Birth



### Test Entity 2 Name Change

| Federal ID Number | Web Address     |  |        |                                       |
|-------------------|-----------------|--|--------|---------------------------------------|
| Home / Test Entit | ty 2 Name Chang | e / Apply to Edit Officer  |        |                                       |
| Apply to Ed       | it Officer      | Please provide the following information about the officer, director, owner, | partne | ers, member or manager of the entity. |
|                   |                 | Entity Officer   |        |                                       |
|                   |                 | Effective Date of Change   |        | Officer is being removed              |
|                   |                 | Officer Type *   |        | Title •                               |
|                   |                 | Control Person   | ~      | President                             |
|                   |                 | First Name *   |        | Last Name *                           |
|                   |                 | Seymore .  |        | Beaches                               |
|                   |                 | Middle Name  |        |                                       |
|                   |                 | Middle Name  |        |                                       |
|                   |                 | Social Security Number *   |        | Date of Birth *                       |
|                   |                 | 889-98-9785  |        | 01/02/1900                            |
|                   |                 | Home Phone Number *  |        | Cell Phone Number *                   |
|                   |                 | 444-555-1478   |        | 444-555-1478                          |
|                   |                 | Email Address *  |        |                                       |
|                   |                 | sdick@pa.gov   |        |                                       |

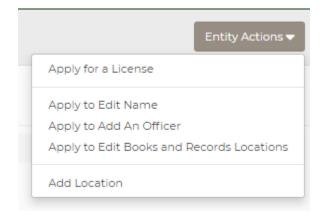
After all additions/changes have been completed you will need to affirm the information by clicking on the [Affirmation] checkbox and then entering your name.

Click [Submit] to send your request to DoBS for review.

The application will be reviewed by DoBS and a response will be sent once a decision has been made.

## **Apply Add an Entity Officer**

The Portal gives you the ability to add a new officer by clicking on the [Entity Actions] button and then selecting [Apply to Add an Officer] from the dropdown menu.





After the new officer has been added, you will need to affirm to the edits by clicking on the [Affirmation] checkbox and then entering your name. If needed, please complete all criminal history requirements.

Click [Submit] to send your request to DoBS for review.

The application will be reviewed by DoBS and a response will be sent once a decision has been made.



# **Accessing Entity Books and Records**

The DoBS portal will allow you to apply to edit/remove a Books and Records for an entity. This can be done from the [Books and Records] screen.

| Test Entity 2 Nam                                  | ne Change             |                      |                              |   | Entity Actions  |
|--|-----------------------|----------------------|------------------------------|---|-----------------|
| Federal ID Number     Web Address       77-7777777 |                       |                      |                              |   |                 |
| Home / Test Entity 2 Name Change                   | 2                     |                      |                              |   |                 |
| Pending Tasks                                      | Entity Officers       |                      |                              |   |                 |
| Active Applications                                | First Name<br>Seymore | Last Name<br>Beaches | <b>Email</b><br>sdick@pa.gov | <b>Residential Address</b><br>17 N 2nd St<br>Harrisburg, PA 17101 | 🕼 Apply To Edit |
| Locations  | Home Phone Number     | Cell Phone Number    | Title                        | Officer Type  |                 |
| Entity Officers                                    | 444-555-1478          | 444-555-1478         | President                    | Control Person  |                 |
| Books and Records                                  | First Name<br>Buffy   | Last Name<br>Summers | <b>Email</b><br>sdick@pa.gov | <b>Residential Address</b><br>17 N 2nd St<br>Harrisburg, PA 17101 | 🕼 Apply To Edit |
| Oser Management                                    | Home Phone Number     | Cell Phone Number    | Title                        | Officer Type  |                 |
|  | 444-555-1478          | 444-555-1478         | Vice President               | Control Person  |                 |
|  |                       |                      |                              |   |                 |

# **Apply to Edit Entity Books and Records**

To Edit/Remove and entity Books and click on the [Entity Actions] button and select [Apply to Edit Books and Records] from the drop-down menu.

|     | Entity Actions 🗸                       |
|-----|--|
| App | ly for a License                       |
| Арр | ly to Edit Name                        |
| App | ly to Add An Officer                   |
| App | ly to Edit Books and Records Locations |
| Add | Location                               |

On the Apply to Edit the Books and Records Locations screen you have 3 options, you can edit the existing information, create a new books and records or remove the books and record.

Add a new Books and Record.

Click on [Add Books/Records Address] then complete the information.



| Click Here to Download Application Instructions   |  |                             |                     |            |        |
|---|--|-----------------------------|---------------------|------------|--------|
| Please provide the following information a  | bout all address where any offical boo | oks or records related to t | he entity are kept. |            |        |
| Add Books/Records Address   |  |                             |                     |            |        |
| Books/Records Address   |  |                             |                     |            | Remove |
| Company Name *  | CT Corporation Systems                 |                             |                     |            |        |
| First Name N/A  |  |                             |                     |            |        |
| Last Name   | N/A                                    |                             |                     |            |        |
| Phone Number *  | 888-888-8888                           |                             | Fax Number          | Fax Number |        |
| Email   | sdick@pa.gov                           |                             |                     |            |        |
| Country *   | United States                          |                             |                     |            | ~      |
| Street Address *  | 17 Pine St                             |                             |                     |            |        |
|   | Apartment, suite, unit, building, flo  | or, etc.                    |                     |            |        |
| City •  | Harrisburg                             |                             |                     |            |        |
| Zip / Postal Code •   | 17101                                  | State /<br>Province •       | PA                  |            | ~      |
| County  | Dauphin                                |                             |                     |            | ~      |
| Comments  | Description of the records which a     | e held at this location.    |                     |            |        |
|   |  |                             |                     |            |        |
| Affirmation   |  |                             |                     |            |        |
| □ I understand by submitting this Entity E<br>all of my answers on this License Applicati<br>falsification to authorities." |  |                             |                     |            |        |
| Enter Name Below  |  |                             |                     |            |        |
|   |  |                             |                     |            |        |
| Cancel Submit   |  |                             |                     |            |        |

To remove the Books and Record click on the [Remove] button.

To edit the Books and Records make necessary changes to the screen.

After all additions/changes have been completed you will need to affirm to the edits by clicking on the [Affirmation] checkbox and then entering your name.

Click [Submit] to send your request to DoBS for review.

The application will be reviewed by DoBS and a response will be sent once a decision has been made.



## **Apply to Edit Entity Name**

The portal will allow you to apply to change the entity name. This can be done by clicking on [Identification] tap and then clicking on [Entity Actions]. Select [Apply to Edit Name] from the drop-down menu. If the company structure is being amended and the EIN/Federal ID number has changed, a new application must be completed. For example: Test Entity Inc (corporation) with Federal ID #XX-XXXXXX1 is changing to Test Entity LLC (a limited liability company) and still able to use Federal ID #XX-XXXXX1, the name can be amended. But if Test Entity Inc (corporation) with Federal ID #XX-XXXXX1 is changing to Test Entity LLC (a limited liability company) and still able to use Federal ID #XX-XXXXX1, the name can be amended. But if Test Entity Inc (corporation) with Federal ID #XX-XXXXX1 is changing to Test Entity LLC (a limited liability company) and was issued a new Federal ID #XX-XXXXX2, a new application must be completed.

Enter the new company name, attach the Pennsylvania Department of State Registration approval of the name change and a copy of the Operating Agreement or By-Laws that show the name change. Complete the Effective Date of Change and the Affirmation and click [Submit] to send the application to DoBS for review.

| Test Entity 2 Name Change                           |   |                              |             |           |        |
|---|---|------------------------------|-------------|-----------|--------|
| Federal ID Number     Web Address       77-77777777 |   |                              |             |           |        |
| Home / Test Entity 2 Name Change / Edit Name        |   |                              |             |           |        |
| Apply to Edit Name                                  |   |                              |             |           |        |
| Do you wish to update Entity<br>Name?               | ● Yes ○ No  |                              |             |           |        |
| New Entity Name *                                   | New Entity Name   |                              |             |           |        |
| Attach Articles of Incorporation                    | Attach File   |                              |             |           |        |
| Attach Operating Agreement                          | Attach File   |                              |             |           |        |
| Attach By-Laws                                      | Attach File   |                              |             |           |        |
| Do you wish to update Entity<br>DBAs?               | ◉ Yes () No   |                              |             |           |        |
| Current DBAs  | DBA Name  | Fictitious Name Registration | Registratio | Cancelled | Delete |
|   |   | Entity has no current DE     | 3As         |           |        |
| New DBAs  | Add a New DBA<br>No New DBAs  |                              |             |           |        |
| Effective Date of Change *                          | Effective Date of Chang   | ge 🗎                         |             |           |        |
| Affirmation *                                       | <ul> <li>I understand by submitting this Entity Name Change Application: I am agreeing to be bound by the<br/>following declaration: "I declare that all of my answers on this License Application are complete, true and<br/>correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to<br/>authorities."*</li> </ul> |                              |             |           |        |
|   | Enter Name Below  |                              |             |           |        |
|   | Cancel Submit   |                              |             |           |        |



### Apply to Add or Remove Entity DBA

The Portal will allow you to apply to add or remove a fictitious name (DBA). This can be done by clicking on [Open] on the entity you wish to add or remove a DBA.

### To Add a new DBA

Click on the [D/B/A/ tab, then click [Add a New D/B/A].

| Home / DBA TEST ENTITY |                 |
|------------------------|-----------------|
| Pending Tasks          | D/B/A           |
| Active Applications    | Add a New D/B/A |
| Identification         |                 |
| D/B/A                  |                 |
| Locations              |                 |

Enter the DBA name, attach the approved fictitious name registration from the Pennsylvania Department of State and the date the DBA was approved for use. Click [Add New D/B/A].

You can add multiple DBAs by clicking the [Add a New DBA] button again. Repeat the above process for each new DBA. See [To Add the DBA to the Licenses] to complete the process.

| D/B/A Name *                                     |                   |  |
|--|-------------------|--|
| D/B/A Name                                       |                   |  |
| Fictitious Name Registrat                        | ion *             |  |
| Attach File                                      |                   |  |
| ALLACH FILE                                      |                   |  |
|  | tachment: 300 MB. |  |
| Maximum file size per a                          | tachment: 300 MB. |  |
| Maximum file size per al     Registration Date * | tachment: 300 MB. |  |
| <b>1</b> Maximum file size per a                 |                   |  |
| Maximum file size per al     Registration Date * |                   |  |

If the DBA does not display on the page, please refresh (F5) the page.

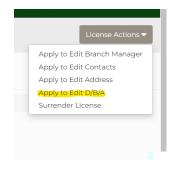


### To Add the DBA to the license(s)

Click on the [Locations] tab; select the license that you wish to add the DBA to, click [Open].

| Pending Tasks       | Locatio  | ns                          |     |    |                       |        |              |
|---------------------|----------|-----------------------------|-----|----|-----------------------|--------|--------------|
| Active Applications | Address  |                             |     |    | License               | Number | Status       |
| Identification      |          | Canton, PA 17101<br>Dauphin |     |    | Collector Repossessor | 31     | Approved Ope |
| Locations           | Phone    | 555-555-5555                | Fax | -1 |                       |        |              |
| Entity Officers     | 🗒 Headqu | arters                      |     |    |                       |        |              |

Click [License Actions], [Apply to Edit D/B/A]



Select the DBA by placing a check in the box next to the DBA that you wish to add to the license. Type in the [Effective Date] of the change, complete the [Affirmation], then click [Submit].

| Apply to Ea | dit D/B     | 3/A                                  |                              |                   |
|-------------|-------------|--------------------------------------|------------------------------|-------------------|
|             | Please sele | ct applicable D/B/As                 |                              |                   |
|             | Please unse | elect D/B/As that you wish to cancel | from the license             |                   |
|             |             |                                      |                              |                   |
|             |             | DBA Name                             | Fictitious Name Registration | Registration Date |

Please note that the DBA will not appear on the dashboard until it has been approved by the Licensing Office. You will receive an email with a link to print out the new license certificate with the new DBA.



### To Remove a DBA

Click on the [Locations] tab; select the license that you wish to remove the DBA from, click [Open].

| Pending Tasks       | Locations |                             |     |   |                       |        |          |      |
|---------------------|-----------|-----------------------------|-----|---|-----------------------|--------|----------|------|
| Active Applications | Address   | 21 Main St                  |     |   | License               | Number | Status   |      |
| Identification      |           | Canton, PA 17101<br>Dauphin |     |   | Collector Repossessor | 31     | Approved | Open |
| Locations           | Phone     | 555-555-5555                | Fax | - |                       |        |          |      |
| Entity Officers     | Headqu    | larters                     |     |   |                       |        |          |      |

Select the DBA you wish to remove from the license by unchecking the box next to the DBA. Type in the [Effective Date] of the change, complete the [Affirmation], then click [Submit].

| Please se | Please select applicable D/B/As                                 |                              |                   |  |  |  |
|-----------|---|------------------------------|-------------------|--|--|--|
| Please ur | Please unselect D/B/As that you wish to cancel from the license |                              |                   |  |  |  |
|           | DBA Name  | Fictitious Name Registration | Registration Date |  |  |  |
|           | New DBA for User Guide  | eeyore.docx                  | 03/04/2024        |  |  |  |
|           | Existing Licensee DBA   | Police Car.docx              | 03/26/2024        |  |  |  |

Please note that the DBA will not be removed from the license until it has been approved by the Licensing Office. You will receive an email with a link to print out the new license certificate with the DBA removed.



# **Apply to Edit Entity Address**

The portal will allow you to apply to change the entity address. There must be 1 location designated as the headquarters. The address will not show as changed until the Licensing Office approves the [Address Amendment] application.

\*\*Please take note of the Country designation, it is defaulted to United States.\*\*

From the [Entity Dashboard] select the entity and click [Open].

If the license is being move to a new address location, click on the [Locations] tab. Click on [Entity Actions] [Add Location].

| Entity Actions 🗸                          |
|---|
| Apply for a License                       |
| Apply to Edit Identification Information  |
| Apply to Add An Officer                   |
| Apply to Edit Books and Records Locations |
| Add Location                              |
| Initiate Correspondence                   |
| Status                                    |
| Terminated Failed Open                    |

If you are changing the headquarters location, click [Yes], otherwise click [No].

| Country *       | United States                   |                       |                   | ~ |
|-----------------|---------------------------------|-----------------------|-------------------|---|
| treet Address * | Street and number, P.O. box,    | c/o.                  |                   |   |
|                 | Apartment, suite, unit, buildin | ng, floor, etc.       |                   |   |
| City *          | City                            |                       |                   |   |
| / Postal Code * | Zip / Postal Code               | State /<br>Province * |                   | ~ |
| County          | -                               |                       |                   | ~ |
|                 | Office Phone Number             | Office Fax            | Office Fax Number |   |

Enter the new address and click [Submit]. This will add the new address to the drop-down list.

## pennsylvania DEPARTMENT OF BANKING AND SECURITIES

### **User Guide**

Т

To complete the address change, click on the [Locations] tab. Click [Open] next to the license number that is to be moved to the new address. Click on [License Actions] [Apply to Edit Address].

| License Actions 🔻                               |                                 |                             |      |
|---|---------------------------------|-----------------------------|------|
| Apply to Edit Branch Manager                    |                                 |                             |      |
| Apply to Edit Contacts<br>Apply to Edit Address |                                 |                             |      |
| Apply to Edit D/B/A<br>Surrender License        |                                 |                             |      |
| Entity Name<br>Motor Vehicle Test Entity        | Federal ID Number<br>99-9999901 | <b>Status</b><br>Registered | Open |

Select the new location address from the drop-down box, the effective date of the address change, and complete the affirmation and click [Submit] to send the application to DoBS for review.

| Current License Address    | 211 N Delaware Ave   |
|----------------------------|--|
|                            | Ste 100  |
|                            | Mason City, IA 50401   |
| New Location *             | 211 N Delaware Ave ×   |
| Effective Date of Change * |  |
| Encetive Date of change    | 211 N Delaware Ave   |
|                            | Ste 100  |
|                            | Mason City, IA 50401   |
|                            | Headquarters   |
|                            | 11 Pixie Ave   |
|                            | Dark Forest, PA 17101  |
|                            | • Maximum file size per attachment: 300 MB. Multiple attachments allowed.  |
| Affirmation *              | I understand by submitting this License Address Change Application: I am agreeing to be bound  |
|                            | by the following declaration: "I declare that all of my answers on this License Application are  |
|                            | complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. A§ 4904 relating to unsworn falsification to authorities."* |
|                            | •  |
|                            | Enter Name Below   |
|                            |  |
|                            |  |
|                            | Cancel Submit  |



# **Pending Tasks**

The DOBS Portal enables the user to respond to tasks that have been assigned to them by the Department. The tasks can be related to licensing, examination, or compliance. Whenever a task is assigned to the Entity, the user will be able to see it on the Non-Depository dashboard – Pending Tasks section.

| Self-Service Program Selection              | n                             | DoB                             | S Portal  | We                                   | elcome, Robert Drake Logo |
|---|-------------------------------|---------------------------------|---|--------------------------------------|---------------------------|
| Non-Depository                              |                               |                                 |   |                                      | Actions                   |
| Pending Tasks                               |                               |                                 |   |                                      |                           |
| Task Name<br>Submit New License Application | License Type<br>Sales Finance | Entity Name<br>ACME Lending     | License Number Location                           | Assigned On<br>09/01/2020 03:19 pm   | Open                      |
| My Entities                                 |                               |                                 |   |                                      |                           |
| Entity Name<br>ACME Lending                 |                               | Federal ID Number<br>45-4574747 | <b>Status</b><br>Registered                       |                                      | Open                      |
|   |                               |                                 |   |                                      |                           |
| Draft License Applications                  | S                             |                                 |   |                                      |                           |
| Entity Name<br>ACME Lending                 |                               | Federal ID Number<br>45-4574747 | Application Type<br>Consumer Discount New License | Last Modified<br>08/31/2020 11:04 am | Discard Open              |
|   |                               |                                 |   |                                      |                           |

The details of the task will be shown once the user clicks on the [Open] button.

| Self-Service Program Selection              |                               |                             | DoBS Portal    |                       | Welcome, Robe                      | ert Drake Logout |
|---|-------------------------------|-----------------------------|----------------|-----------------------|------------------------------------|------------------|
| Non-Depository                              |                               |                             |                |                       |                                    | Actions 🗸        |
| Pending Tasks                               |                               |                             |                |                       |                                    |                  |
| Task Name<br>Submit New License Application | License Type<br>Sales Finance | Entity Name<br>ACME Lending | License Number | Location<br>1 Main St | Assigned On<br>09/01/2020 03:19 pm | Open             |
|   |                               |                             |                |                       |                                    |                  |



If the task is related to a license application, the original application form submitted will be opened with the Review comments from the Department shown.

| Self-Service Program Selection   | DoBS Portal Welcome, Robert Drake Logout   |
|--|--|
| Submit Sales Finance   | Company Application  |
|  | elication Status Web Address Progress -  |
| Home / ACME Lending / Submit Sales Fina  | nce Company Application  |
| Application Review Comments     [Aldrich-Benjamin Veluz - 09/01/2020 3:18 PM]     Please provide more information regarding Ro | bert Drake.  |
| General Details  | General Details  |
| Contacts   | Have any officers, directors, owners, partners or members and any managers identified on this application ever been convicted of, pled guilty to, or<br>pled nolo contendere (no context) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or anywhere else?  |
| Affirmation  | Section 627(a)(5) of the Consumer Credit Code."<br>O Ves   |
|  | The Department of Banking and Securities requires all applicants to provide both National Criminal History Record Information (fingerprint cards)<br>and Pennsylvania Criminal Record Checks for all officers, directors, owners, partners or members and any managers as per Section 627/60(5) of the<br>Consumer Credit Code. Instructions for completing all required criminal history checks (PATCH and IdentoGo) and can be found at the end of the<br>application. |
|  | Within the past ten (I0) years, has the applicant or applicant's affiliate, owner, partner, member, officer, director, employee or agent pleaded guility to,<br>entered a plea of nolo contender (no contest) to or been convicted of a violation under Section 527 (pleating puthout a license) or<br>subsection A of the former act known as the Motor Vehicle Sales Finance Act? Section 527(10)(2) of the Consumer Creatic Code."                                    |
|  | O Ves ● No   |
|  | Next >   |

The user can then make changes to the application and submit it back to the Department similar to how they filled-out the application form initially.

#### **Renewal Application**

After opening the pending renewal task, please review all information related to your company. Make any necessary changes to officers, branch managers or DBAs and submit the changes.

| Submit Co           | ollector Re            | possessor             | Renewal Application  |  |
|---------------------|------------------------|-----------------------|--|--|
| Entity Name         | Federal ID Number      | Application Status    | Web Address  |  |
| Test Entity         | 55-555555              | In-Progress           | www.thereisntone.com   |  |
| Home / Test Entit   | y / Submit Collector R | epossessor Renewal Ap | plication  |  |
| Step 1<br>Applicati | ion Sul                | o 2<br>omit & Pay     |  |  |
| Requirements        |                        | Require               | ements B save  |  |
| General Details     |                        |                       | w all company information, including fictitious name (DBA), officers, branch managers and contact information prior to submitting this<br>iny information is incorrect, please make the necessary changes and submit the corrections to the Department via the Portal. |  |
| Contracts           |                        | Please do no          | ot use the 'copy and paste' feature to enter information.  |  |
| Affirmation         |                        |                       | as been discovered after submission of the renewal application, please do not withdraw the application. Contact the Licensing Office at 717-<br>via email at RA-AskLicensing@pa.gov  |  |
|                     |                        |                       | Next >   |  |



Under the [General Details] tab you will be asked to verify the contact information.

| Step 1<br>Application | ep 2<br>ubmit & Pay  |
|-----------------------|--|
| Requirements          | General Details  |
| General Details       | Do any license contacts need to be updated? •  |
| Contracts             | Have any officers, owner, directors, partners, members or any managers identified on this application during the past licensing year been convicted of, pled   |
| Affirmation           | guilty to, or nois contendere (no context) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or elsewhere? Section 6217(a)(3) of the Consumer Credit Code? * |

If changes are required, click [Yes]. You will be directed to the Contact section to make the changes. Do Not Use Call Center telephone numbers for your Contact Information

#### IT IS IMPORTANT TO UPDATE ANY CONTACTS TO ENSURE THAT YOU RECEIVE CORRESPONDENCE FROM THE DEPARTMENT

| Step 1<br>Application   | Step 2<br>Submit 8                         | & Pay   |     |   |    |
|---|--|---|-----|---|----|
| Requirements  |  | General Details   |     |   |    |
| General Details   |  | Do any license contacts need to be up<br>• Yes O No       | bda | tted? •   |    |
| Contracts   |  |   | o e | dit the license contacts before submitting this license renewal applicati       | on |
|   |  |   |     |   |    |
| Home / Test Entity / License #31 - Coll<br>Apply to Edit Contacts | lector Repossessor / Apply to              | Change Contacts   |     |   |    |
|   | Please provide the following in<br>Contact | formation about the required contact types: Licensing Cor | nta | et, Examination Contact, Compliance Contact, Consumer Services Contact, Billing |    |
|   | Contact                                    |   |     | Copy Remove   |    |
|   | Contact Type *                             |   |     | Title *   |    |
|   | Billing Contact                            | ~   |     | President   |    |
|   | First Name *                               |   |     | Last Name *   |    |
|   | Wily                                       |   |     | Coyote  |    |
|   | Home Phone Number                          |   |     | Cell Phone Number *   |    |
|   | 555-555-5555                               |   |     | 555-555-5555  |    |
|   | O Phone numbers cannot b                   | e call center numbers                                     |     | Phone numbers cannot be call center numbers                                     |    |



# Prepare Examination Materials and Loan Logs/Provide Exam Verification or Follow-up

The DOBS Portal enables the user to submit documents and information to the Department for their examinations. The Pending Tasks area on the Non-Depository Dashboard will show any task that is assigned for the user to work on.

1. On the Non-Depository dashboard, the user can click on the [Open] button for the task associated with the Exam.

| Self-Service Program Selection |              |             | DoBS Portal    |          | Welcom      | e, Robert Drake Logou |
|--------------------------------|--------------|-------------|----------------|----------|-------------|-----------------------|
| Non-Depository                 |              |             |                |          |             | Actions -             |
| Pending Tasks                  |              |             |                |          |             |                       |
|                                |              |             |                |          |             |                       |
| Task Name                      | License Type | Entity Name | License Number | Location | Assigned On | Open                  |

2. If the task name is Prepare Examination Materials or Prepare Loan Logs, the Prepare Examination Materials / Prepare Loan Logs screen will show for the user to provide documents and information on.

Note that the requested exam information will be different depending on various factors. The screenshot below is meant as an example of how the screen will look like, and it may be different than the one the user will be shown.

| Self-Service Program Selection  | DoBS Portal  | Welcome, Robert Drake Logout |
|---|--|------------------------------|
| Prepare Examination Materia   | ls   |                              |
| Exam Number         Exam Status         Entity Name         Federal I           20367         In Progress         ACME Lending         45-45747 | Number         License Number         License Type           47         1         1  |                              |
| Home / ACME Lending / Prepare Examination Materials   |  |                              |
| Exam Scheduled Date   |  |                              |
| Setup Letter Verification   | I verify that I have read the set-up letter (sent via email).  |                              |
| Requested Exam Information  | a Questionnaire: Provide the completed questionnaire. Utilize the link above obtain a copy of the questionnaire.<br>Add Attachment   |                              |
|   | Document   |                              |
| 3   | No Documents Attached  |                              |
|   | RECORDS INFORMATION REQUEST  |                              |
|   | Examination Period:  |                              |
|   |  |                              |
|   | Add Attachment   |                              |
|   | Document   |                              |
|   | No Documents Attached  |                              |
|   | b. Policies and procedures: Provide a list of specific policies and procedures that govern the operations of the company. Additional policies and procedures may be requested at the discretion of the examiner.<br>Add Attachment |                              |
|   | Document   |                              |
|   | No Documents Attached  |                              |



3. If the task name is Provide Exam Verification or Follow-up, the Provide Exam Verification or Follow-up screen will show for the user to provide additional information that the Department is requesting.

The Examiner Feedback shows the details of what needs to be provided while the Examiner Supporting Documents will have documents available for download.

| Self-Se              | ervice Program Sel               | lection                     |                                 |  | DoE   | 3S Po        | rtal           |   | Welcome, Robert Drake Logout |
|----------------------|----------------------------------|-----------------------------|---------------------------------|--|---|--------------|----------------|---|------------------------------|
| Provide              | Exam Ver                         | rification c                | or Followu                      | D  |   |              |                |   |                              |
| Exam Number<br>20368 | Exam Status<br>Review & Approval | Entity Name<br>ACME Lending | Federal ID Number<br>45-4574747 | License Number<br>2                      | r License Type                                |              |                |   |                              |
| Home / ACM           | E Lending / Provide              | Exam Verification or Fe     | ollowup                         |  |   |              |                | _ |                              |
|                      |                                  | Examiner Feedba             |                                 | min Veluz - 09/03/.<br>additional inform | 2020 1:10 PM]<br>nation regarding the Exam of | n installmen | t Seller       |   |                              |
|                      | Examine                          | r Supporting Docume         | nts Document                    |  |   |              | Document Type  |   |                              |
|                      |                                  |                             |                                 |  |   |              | Correspondence |   |                              |
|                      |                                  | Entity Respon               | Provide feed                    | oack here                                |   |              |                |   |                              |
|                      |                                  |                             |                                 |  |   |              |                |   |                              |
|                      |                                  | Entity Docume               | nts Add Attachn                 | ient                                     |   |              |                |   |                              |
|                      |                                  |                             | Document                        |  |   | D            | ocument Type   |   |                              |
|                      |                                  |                             |                                 |  |   | Entity D     | ocuments Added |   |                              |
|                      |                                  |                             | Cancel                          | ubmit                                    |   |              |                |   |                              |

4. Once all the requested exam information has been provided and attached, the user will then click on the [Submit] button. The task will then be removed from the Pending Tasks on the Non-Depository dashboard.

### **User Management**

The DOBS Portal enables the user to provide other users access to their entity. On the Entity screen, the User Management tab will show all users that have access to the entity.

The Authorized Users section lists all users that currently have access to the entity and have logged-in to the DOBS Portal. The Invited Users section lists all users that have been invited to have access but have not logged-in to the DOBS Portal.



| Self-Service Program Selection              |                  | DoBS      | Portal               |               | Welcome, Robert Drake Logou |
|---|------------------|-----------|----------------------|---------------|-----------------------------|
| ACME Lending                                |                  |           |                      |               | Entity Actions 🗸            |
| Federal ID Number Web Address<br>45-4574747 |                  |           |                      |               |                             |
| Home / ACME Lending                         |                  |           |                      |               |                             |
| Pending Tasks                               | User Managemer   | nt        |                      |               |                             |
| Active Applications                         | Authorized Users |           |                      |               |                             |
| Identification                              | First Name       | Last Name | Email                | Access Level  |                             |
| Locations                                   | Robert           | Drake     | rdrake.cmm@gmail.com | Administrator |                             |
| Entity Officers                             | First Name       | Last Name | Email                | Access Level  | Manage User                 |
| Books and Records                           | Paul             | Hepler    | dcollier@c20g.com    | Administrator |                             |
| User Management                             | Invited Users    |           |                      |               | Invite User to Join Entity  |
|   | No Invited Users |           |                      |               |                             |

#### Access Levels

There are 3 Access Levels on the DOBS Portal

- Administrator
  - The Administrator have access to submit any type of application as well as provide access to other users.
- Manager
  - $\circ$   $\;$  The Manager have access to submit any type of application.
- Viewer
  - The Viewer have access to view information but NOT submit any type of application.

#### Invite User to Join Entity

When a user clicks on the [Invite User to Join Entity] they will provide the First Name, Last Name, Email Address and Access Level for the user they are trying to add. A Join Code is then sent to the individual added that will be used to add them to the Entity.

| Invite a User to Join ACME Lending |               |  |  |  |  |  |
|------------------------------------|---------------|--|--|--|--|--|
| First Name*                        | First Name    |  |  |  |  |  |
| Last Name *                        | Last Name     |  |  |  |  |  |
| Email Address *                    | Email         |  |  |  |  |  |
| Access Level *                     |               |  |  |  |  |  |
|                                    |               |  |  |  |  |  |
|                                    | Cancel Submit |  |  |  |  |  |

#### Manage User

Administrators are allowed to change the access levels of other users as well as revoke access. This can be done by clicking on the [Manage User] button.



| Self-Service Program Selection              |                  | DoB       | 5 Portal             |               | Welcome, Robert Drake Logou |
|---|------------------|-----------|----------------------|---------------|-----------------------------|
| ACME Lending                                |                  |           |                      |               | Entity Actions 🗸            |
| Federal ID Number Web Address<br>45-4574747 |                  |           |                      |               |                             |
| Home / ACME Lending                         |                  |           |                      |               |                             |
| Pending Tasks                               | User Management  |           |                      |               |                             |
| Active Applications                         | Authorized Users |           |                      |               |                             |
| Identification                              | First Name       | Last Name | Email                | Access Level  |                             |
| Locations                                   | Robert           | Drake     | rdrake.cmm@gmail.com | Administrator |                             |
| Entity Officers                             | First Name       | Last Name | Email                | Access Level  | Manage User                 |
| Books and Records                           | Paul             | Hepler    | dcollier@c20g.com    | Administrator | Hundge oser                 |
| User Management                             | Invited Users    |           |                      |               | Invite User to Join Entity  |
|   | No Invited Users |           |                      |               |                             |

#### The user record will then be shown where they can change the access level or revoke access.

| Self-Service Program Selection   |                             | DoBS Portal   | Welcome, Robert Drake | Logout |
|--|-----------------------------|---|-----------------------|--------|
| ACME Lending   |                             |   |                       |        |
| Federal ID Number Web Address<br>45-4574747  |                             |   |                       |        |
| Home / ACME Lending / Manage User  |                             |   |                       |        |
| Manage User - Paul Hepler  |                             |   |                       |        |
| User Details   |                             |   |                       |        |
| First Name   | Paul                        |   |                       |        |
| Last Name  | Hepler                      |   |                       |        |
| Email  | dcollier@c20g.com           |   |                       |        |
| Entity Privileges  |                             | Revoke User Access  |                       |        |
| Within the entity ACME Lending, Paul Hepler<br>should have the following access level: |                             | Click the following button to revoke Paul Hepler's access to the entity<br>ACME Lending. The user will lose access to the entity, and will need to be<br>re-invited in order to perform any future excions. |                       |        |
| Access Level   | Administrator   Save Cancel | Revoke access for Paul Hepler   |                       |        |