



Secretary of State Remittance Agent License Application

This space for use by
Secretary of State

_____ (Year)

**Secretary of State
Vehicle Services Department
Dealer Services
501 S. Second St., Rm. 069
Springfield, IL 62756
217-782-2942
www.cyberdriveillinois.com**

Remittance Agent
License issued _____

Business Name _____

Address _____ City _____ ZIP _____

Business Phone _____ Email _____

Applicant's Primary Business, Occupation or Profession _____

Owner Information

List below all persons having 10 percent or greater ownership of this business (attach a separate sheet if needed).

Owner's Name: _____ Home Address: _____

Home Phone: _____ Driver's License #: _____

Owner's Name: _____ Home Address: _____

Home Phone: _____ Driver's License #: _____

List all employees who will act on behalf of this Remittance Agency.

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Please answer the following questions and have the two affidavits on the reverse side completed and notarized. **(Note: Your application must also be signed and notarized.)**

- Are you, a member of your immediate family, or one of your employees an employee of the Secretary of State? ___Yes ___No
- Have you ever been involved in any civil or criminal litigation? ___Yes ___No (If yes, attach an explanation including type of litigation, date and suit or charge against you, court in which that matter was heard, and disposition of the matter.)
- Has your remittance agent license ever been suspended or revoked? ___Yes ___No
- Has any owner ever been licensed under 3-900 of the Illinois Vehicle Code as a Remittance Agent? ___Yes ___No (If yes, please provide the name and Remitter Agent License Number _____.)
- Has any employee ever owned or been employed by another Illinois Remittance Agency in the past? ___Yes ___No (If yes, please provide the name and Remitter Agent License Number _____.)

The applicant hereby affirms that the answers given to all questions are true and correct to the best of his/her knowledge and belief, and are made by the applicant to induce the Secretary of State to issue a license as a Remittance Agent, and that the applicant has read the pertinent sections of the Illinois Compiled Statutes and the Illinois Administrative Code relating to remittance agents and hereby agrees to comply with same.

Signature of Applicant

Date

Subscribed and sworn to before me on this _____ of _____, _____
Month Year

Notary Public

Affidavit for Remittance Agent License

STATE OF ILLINOIS
County of _____)

Affiant's Name

First being duly sworn, deposes and says:

- 1. That affiant is age 21 or older.
- 2. That affiant is now and has been for more than _____ years a continuous resident of the city of _____,
County of _____, State of Illinois.
- 3. That affiant is engaged in the business or occupation of _____.
- 4. That affiant is personally acquainted with _____
Name of Applicant
- 5. That affiant has known said applicant for at least two years and that the applicant is of good moral character, whose general reputation for honesty and business integrity in the community is good.

Further affiant sayeth not.

Affiant's Name

Date

Subscribed and sworn to me before me this _____ day of _____, _____.
Month Year

Notary Public

Affidavit for Remittance Agent License

STATE OF ILLINOIS
County of _____)

Affiant's Name

First being duly sworn, deposes and says:

- 1. That affiant is age 21 or older.
- 2. That affiant is now and has been for more than _____ years a continuous resident of the city of _____,
County of _____, State of Illinois.
- 3. That affiant is engaged in the business or occupation of _____.
- 4. That affiant is personally acquainted with _____
Name of Applicant
- 5. That affiant has known said applicant for at least two years and that the applicant is of good moral character, whose general reputation for honesty and business integrity in the community is good.

Further affiant sayeth not.

Affiant's Name

Date

Subscribed and sworn to me before me this _____ day of _____, _____.
Month Year

Notary Public