



**Lac Vieux Desert Band of Lake Superior Chippewa Indians
Tribal Financial Services Regulatory Authority**

E23968 Pow Wow Trail P.O. Box 249
Watersmeet, Michigan 49969
Phone: 1(906) 358-4917, 1(906) 358-4918
Email: tfsra@lvd-nsn.gov

CONSUMER FINANCIAL SERVICES LICENSE APPLICATION

1. Full Name of Company: _____
2. A/K/A or D/B/A Name(s) of Company: _____
(Under which Applicant will be licensed)
3. Business Address of Applicant: _____
4. Website: _____
5. Email Address: _____
6. Creation Date of Applicant: _____
7. EIN (if applicable): _____
8. Applicant is registered in the following jurisdictions: _____
9. Registered Agent(s): _____
10. Applicant has the following license(s): _____
11. Applicant is currently contracted with the following Indian Tribe(s), Tribal business(es), or Tribal political subdivision(s): _____
12. Any Civil Suits to which you have been a party in Tribal, State, or Federal courts, including any bankruptcy cases filed (if any): (List any lawsuits or bankruptcies in which Applicant was or is named as a party. Use additional Sheets of paper, if necessary)

13. Pursuant to Section 5.2(b)(1)-(3) of the LVD Consumer Financial Services Regulatory Code, identify each of the following individuals:
 - Applicant's owners, officers, and/or directors;
 - Principal management employees, including:
 - Chief Executive Officer;
 - Chief Financial Officer;
 - Chief Operating Officer; and
 - General Manager
 - Each of the Applicant's partners (if an unincorporated business);
 - Each of the Applicant's shareholders who own more than 10% of the shares in the corporation.



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PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

List Name and Title: _____

14. Please attach the following supporting documentation:

- Articles of Organization or Incorporation;
- A Certificate of Good Standing;
- A list of all shareholders owning more than a 10% interest in the company; AND
- Current or Previous Consumer Financial Services Licenses, if any.

AGENT INFORMATION

15. Name: _____

16. Position: _____

17. Contact Number(s): _____

18. Email Address(es): _____

For TFSRA Completion ONLY:

Received Date: _____



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REQUIRED ATTACHMENTS

For each person identified in sections 1, 9, 13, and 14 above, please attach 2 forms of identification. Acceptable forms of identification may be a valid driver's license, a valid state I.D., a Social Security Card(s), a Tribal I.D., or a valid passport.

ACKNOWLEDGMENT & RELEASE OF INFORMATION

By signing this application you, or you and the Applicant (if you are an authorized agent of a Consumer Financial Services Applicant), confirm that the information contained in this application is true and correct. You and the Applicant also authorize the Tribal Financial Services Regulatory Authority to verify any information in this Application before issuing a License. Verification may include, but is not limited to, investigating criminal background(s), credit history, and Tribal, State, and Federal Court filing information. Further, you and the Applicant acknowledge that if a License is issued that you and the Applicant shall submit to the jurisdiction of the Tribe and that you and the Applicant will abide by all applicable Tribal and federal laws, regulations, and policies. Finally, you and the Applicant also acknowledge that any false statement or omission in this application can result in a denial of this license application.

Signature: _____ Date: _____

Printed or Typed Name: _____

Please submit the completed application and supporting documentation with an application fee of \$250.00. Please send your application, supporting documentation, and non-refundable application fee to:

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TFSRA
E23968 Pow Wow Trail
Watersmeet, Michigan 49969**

Make Check payable to Lac Vieux Desert Band of Lake Superior Chippewa Indians.