



**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

VENDOR LICENSE APPLICATION

1. Applicant Full Name: _____
2. A/K/A or O/B/A Name(s) of Applicant: _____
(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 applicable): (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;
- Current or Previous Consumer Financial Services Licenses, if any; and
- A current organization chart for the company

AGENT INFORMATION

15. Name: _____

16. Title: _____

17. Date of Birth: _____

18. Social Security Number: _____

19. Personal Address: _____

20. State/County of Residence (List last 7 years, include mos./yrs. of residency): _____

21. Contact Number(s): _____

22. Email Address(es): _____

23. Any Criminal Convictions, including pleas (if applicable): (List of your conviction dates, charges, pleas, and circumstances surrounding charges or pleas. Use additional sheets of paper, if necessary) (Minor traffic violations do not need to be included, i.e. speeding tickets, parking tickets, etc.):

24. Any Civil Suits to which you have been a party in Tribal, State, or Federal courts, including any bankruptcy cases filed (if applicable): (List any lawsuits or bankruptcies in which you are named as a party. Use additional Sheets of paper, if necessary)

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.

CONSUMER FINANCIAL SERVICES LICENSEE APPROVAL

All Vendor Applicants *must* identify **and** demonstrate approval of the primary Consumer Financial Service Licensee it will provide services to upon licensure. Therefore, please enclose either (1) a letter from the Consumer Financial Service Licensee confirming your vendor relationship; (2) a redacted copy of the contract with the Consumer Financial Service Licensee; or (3) a copy of the Tribal Resolution approving the contract with the Consumer Financial Service Licensee.

ACKNOWLEDGMENT & RELEASE OF INFORMATION

By signing this application you, or you and the Applicant (if you are an authorized agent of a Vendor 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. The application fee includes applicant/entity and up to (2) officers. Additional owners, partners, officers or shareholders having more than 10% interest in the entity must include an additional application fee of \$75.00 per officer. Each owner, officer, and/or director, and principal management employee, (including any chief executive officer, chief financial officer, chief operating officer and general manager, and each partner, if an unincorporated business, and each shareholder who owns more than ten percent (10%) of the shares in the corporation must complete a separate application for the entity. Please send your application, supporting documentation, and non-refundable application fee to:



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