



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CREDIT COUNSELING ORGANIZATION INITIAL APPLICATION

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. §§ 37-7-101 through - 122
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address
293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

Application can be filed online. Visit www.consumer.sc.gov and click on “online filing.”

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____

Attach a list of **all branch locations** and include the following information for **each** branch: location/DBA name; physical address (and mailing address if different); contact person and phone number. **NOTE:** Supplemental Form B must be completed for **each** location.

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	} Fed Tax ID No. _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
Are you in good standing with the Secretary of State’s Office?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	} SSN _____

Physical Address

City _____ State _____ Zip _____

Mailing Address
(If different from above)

City _____ State _____ Zip _____

Website Address

Designated/Registered
Agent*

Mailing Address

City _____ State _____ Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person** _____ Telephone No. () - _____

E-mail Address _____ Fax No. () - _____

***The contact person is the person the Department will call with any questions about the application.*

List the names of all owners, partners, members, and directors of the applicant. (Attach additional pages as necessary.)

NOTE: Every individual listed below must complete a separate Disclosure Form (Supplemental Form A) UNLESS the person (a) serves as a director on a voluntary board, (b) does not receive compensation directly or indirectly from the corporation, and (c) holds no financial interest in the corporation.

NAME	TITLE	PERCENTAGE OF OWNERSHIP (If Any)

Description of Qualifications. Briefly describe the business credentials of the applicant and its owners, partners, members, directors, and officers which qualify the company to conduct business pursuant to the South Carolina Consumer Credit Counseling Act. (Attach additional pages as necessary.)

QUESTIONS

- Are you currently conducting, or have you previously conducted, credit counseling business in South Carolina? Yes No
If "Yes," give beginning and end dates: _____
- Have you or any of your affiliates applied for a license with the South Carolina Department of Consumer Affairs within the last ten (10) years? Yes No
If "Yes," attach complete details of the outcome of the application.
- Have you or any of your affiliates ever been refused a license to engage in any business or had any licensed suspended or revoked by any state or federal agency? Yes No
If "Yes," attach complete details of the refusal, suspension or revocation.
- Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against you or any of your affiliates? Yes No
If "Yes," attach complete details of the event.
- Do you or your affiliates conduct credit counseling in other states? Yes No
If "Yes," provide the following information. Also, please indicate any states in which applications are pending. Attach additional pages as necessary.

State	Company Name	Date of Initial Registration/Licensing	Registration/License No.	No. of Years in Operation

- What credit counseling service(s) do you offer?

<input type="checkbox"/> Receiving and distributing consumers' funds <i>(If checked, attach a copy of your standard debt management plan)</i>	<input type="checkbox"/> Improving consumers' credit record, etc.	<input type="checkbox"/> Negotiating to defer or reduce consumers' obligations
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OTHER ATTACHMENTS: Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- \$100 Application Fee **per location**.
- \$50 One-time Investigation Fee.
- A properly executed Surety Bond issued:
 - a. By a company authorized to transact business in South Carolina;
 - b. To the South Carolina Department of Consumer Affairs; and
 - c. In the amount of (i) or (ii) below, whichever is **greater**:
 - i. Twenty-five thousand dollars (\$25,000); or
 - ii. An amount that equals or exceeds the total amount of South Carolina clients' funds in the applicant's trust account at the time of application.
- Financial Statements for the organization as of the most recent fiscal year. Personal financial statements of every owner, partner, member, officer, and director of the organization may be substituted for **new** company statements. ("New" being a company in business for less than one year.)
- A description of the organization's Consumer Education Program.
- A copy of the organization's standard Agreement/Contract.
- A copy of the organization's standard debt management plan (if organization engages in receiving and distributing consumers' funds).
- A copy of the organization's Budget Analysis Form (if applicable).
- A copy of the organization's Creditor Consent Form (if applicable).
- A copy of the organization's Fee Schedule.
- Supplemental Form A for every owner, partner, member, officer, and director of the organization listed above, unless otherwise stated.
- Verify that every owner, partner, member, officer and director of the organization has requested a Criminal Records Check, unless otherwise noted.
- Verify that every owner, partner, member, officer and director of the organization has requested or obtained Personal Current Composite Reports, unless otherwise noted.
- Supplemental Form B for every location and/or branch.
- Counselor applications for persons listed on the organization's Supplemental Form B(s).
- A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable.
- Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership (i.e. certified copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina).
Copies of Articles or Certificates of Existence may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158.
- A copy of the organization's IRS Exemption Letter, if a non-profit entity.

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____
Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.