REVISED 10/24/2013	STATE OF LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS LOCATION SURVEY FORM	

1.	Full legal name of applicant of licensee:	Parent & Branch NMLS Numbers
2.	Trade name, dba, or assumed name of licensee, if applicable:	FED. TAX I.D.:

3.	Physical Address of the Location:			
	City:	State:	Zip Code:	Parish:
	Phone Number:	Fax Number:		
4.	Physical address of location at which the official books and records of this new location are kept:			
	City:	State:	Zip Code:	Phone No:
5.	Type of Activity: NON REAL-ESTATE LENDING ☐ Consumer ☐ Insurance Premium Financing ☐ Small (Payday) ☐ Mortgage *Note: Mortgage Lending/Brokering may require a separate application to be filed through the NMLS.			
6.	Mailing address:			
	City:	State:	Zip Code:	

CONTACT FOR SITE SURVEY

Individual to contact: _____

Phone number: _____ E-Mail Address: _____

Estimated Opening Date: _____

If the date is unknown, give a brief explanation. If the site is under construction, give an estimated date of completion. If the site is ready for immediate inspection, so state. An actual date must be provided.

CHANGES OF LOCATIONS ONLY: A 30 day written notice is required when relocating. You should complete an Advanced Change Notice (ACN) at least 30 days in advance on the NMLS. If notification is not received at least 30 days in advance of the actual opening date, an additional $50 penalty will be assessed and must be paid directly to this Office prior to approval.

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This form must be uploaded directly into the NMLS for each location that is relocating.

The license will be issued contingent upon the finding of a site survey. If the survey reveals an address other than the address provided in question 3, you will be charged an additional $100 change of location fee through the NMLS. In addition, you may be ordered to cease lending activities or be required to relocate to another location if the site survey reveals activities which violate LSA-R.S. 9:3515.

The undersigned affirms that he/she has the authority to sign such application; all answers made in this application are true, correct, and complete and are made for the purpose of securing the license indicated herein. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Louisiana Office of Financial Institutions, and could result in other legal action.

_____
Signature of Authorized Person

_____
Title