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**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS**

**APPLICATION FOR LICENSE
SAFETY DEPOSIT BOXES, SAFES AND VAULTS**

The undersigned hereby applies for a license to engage in the business of keeping and letting safety deposit boxes, safes, and vaults in accordance with 240 ILCS 5/0.01 et seq.

The following data and information, and all supporting statements supplied herewith, are presented and represented by the applicant as statements of fact to be relied upon in the examination and disposition of the within application and for the purpose of inducing the Director of the Division of Financial Institutions to issue a license to the applicant named herein.

1. Full legal name under which applicant will conduct business.

_____ FEIN NO. _____

2. State whether applicant is a corporation, general partnership, limited or special partnership, common law or business trust, or a sole Proprietorship.

3. Date business organized. _____

4. Address at which business will be conducted, if licensed.

_____ Telephone Number: _____

5. List full name and address of owners, partners, or officers on a separate sheet. Indicate with an asterisk (*) each person to be active in the conduct of the business.
6. Give full name and address of owners and holders of titles to premises in which business is to be conducted if other than above listed persons. List on a separate sheet.

IMPORTANT NOTICE

THIS STATE AGENCY REQUIRES DICLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE OF THE ILLINOIS SAFETY DEPOSIT LICENSE ACT. FAILURE TO DISCLOSE THIS INFORMATION MAY PREVENT THIS FORM FROM BEING PROCESSED.

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7. If the applicant is a successor to the business for which license is being applied, state name(s) and address(es) of predecessors and date business was acquired by the applicant.

8. Is the applicant or any person(s) associated either directly or indirectly with the applicant in the same or similar business as that of the applicant at any place or location other than the address stated for the license hereby requested? If such relationship exists, state the name and address of the other person(s).

9. State any other license and give information as to any other license, either local, county, state or federal, that the applicant now holds in connection with the operation or conduct of the business for which application is now being made for license.

10. Detail the kind and character of boxes, safes, or other facilities to be offered or used for safekeeping purposes. (Note: Give number of boxes, safes, vaults, or other facilities as of the date of this application) If space not sufficient for complete description, attach on a separate sheet.

11. Give full name and address of manager of applicant's business.

12. State whether the applicant under the present business name or any former name has ever had denied, suspended, cancelled, or revoked any license for the conduct or operation of the business of keeping and letting of safe deposit boxes, safes, vaults, or other facilities under any statute of the state of Illinois or law of any local or governmental agency providing for the regulation and licensing of any such business.

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13. If applicant is a corporation, state:

(a) Name of state in which the applicant is incorporated; _____

(b) Date of corporate charter or authority; _____

(c) If incorporated in a state other than Illinois, date of compliance with the Business Corporation Act of Illinois; _____

(d) If foreign corporation, name and address of Illinois registered agent;

(e) Whether the applicant corporation has at any time operated under a name other than stated herein. State such prior name(s) and period(s) during which such prior name(s) applied.

14. If applicant is an unincorporated entity of any type, a partnership or sole proprietorship, and the business name or title used is such as to require registration of such business name or title in Illinois under "An Act in relation to the use of an assumed name and the conduct or transaction of business in the State," approved July 17, 1941, state date and in what county the required filing was effected.

15. If applicant is a partnership, state whether or not, or to what extent, the Articles of Agreement, and any supplementary written statements provide and stipulate for a limitation, if any, as to any partner or partners' liability for debts or obligations of the business conducted by the partnership.

16. If applicant is under direct or indirect common control with, or is controlled by any other person, partnership, corporation or other entity, state:
(a) Name of such controlling or affiliated party or parties;
(b) Nature and extent of such control;
(c) If not so controlled, make specific statement to that effect.

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17. If applicant has previously been licensed, state the following:

- (a) Date of prior license(s): _____
- (b) Date prior license(s) expired: _____
- (c) Date prior license(s) were renewed or reissued. _____

This application, if made by a sole proprietor, shall be signed by the proprietor; if made by a Partnership, by each of the partners; and if made by a corporation, business trust or other legal entity, by two officers or trustees thereof.

Name of applicant as given in answer to Question 1 of this form. _____

Signature _____

Name and title _____

Signature _____

Name and title _____

This application, when completely filled out, must be mailed to:

**State of Illinois Department of Financial & Professional Regulation
Division of Financial Institutions
Consumer Credit Section
100 W. Washington, 9th Floor
Chicago, Illinois 60601**

and must be accompanied by:

1. A check in the amount of \$50.00 made payable to the order of Director of the Division of Financial Institutions. This fee will be returned if application for licensure is denied.
2. Certificate of Inspection made by a vault service company which has been approved by the Director of the Division of Financial Institutions. The Certificate shall show the type of vault construction and the condition of the safety devices employed by the applicant.
3. A Supplementary Statement completed by each person in an official capacity with the applicant.
4. Section 20 of the above Act requires that a set of fingerprints of each person who signs the application to accompany the application being submitted to the Director of the Division of Financial Institutions. Fingerprint forms should be obtained from a local police station in order to meet this statutory requirement.
5. Specimen form of all types of contracts, agreement or other writings to be used between applicant and renters, or users of safe deposit boxes, safes, vault, or other facilities furnished by applicant for the safe keeping of personal property.

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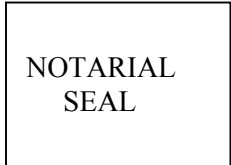
STATE OF _____)
)ss.
COUNTY OF _____)

I, _____, swear or attest, and upon my oath state (a) that I am properly empowered to execute and submit the foregoing instruments; (b) that I have read the answers supplied to the several interrogatories presented by such instruments; and all supplementary statements supplied therewith and; (c) that such answers and supporting statements are, to my best knowledge, information and belief, true and complete.

(Signature)

(Title)

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public within and for the above named State and County, by the above named affiant, personally know to me this _____ day of _____, A. D., 20_____.



Notary Public

My commission expires _____

SUPPLEMENTARY STATEMENT

APPLICATION FOR LICENSE

This statement is to be executed and submitted by the individual owner of a "Sole Proprietorship"; by each partner (whether general or limited) of a "Partnership; each officer of a "Corporation"; each manager, trustee or member of an unincorporated "association", making application for license pursuant to and in compliance with the provision of the Safety Deposit License Act and by any person about to become associated in any official capacity or as a partner with any person or persons now licensed under said Act.

1. State business name and address of applicant with which within affiant is, or will be, associated.

Name: _____

Address: _____

City: _____ County: _____ State: _____

2. Affiant's full name: _____

3. Business address: _____ Telephone No. _____

4. Residence address: _____ Telephone No. _____

5. Age: _____

6. State official title or scope of managerial duties, or otherwise indicate the nature of connection of the affiant with the applicant above named. _____

7. On a separate sheet state nature and tenure of each period of employment, unemployment, self-employment and educational activity for not less than ten years last past last past prior to date of this statement. As to period of self-employment, state nature of the business or activities engaged in. Employment by others should be in the order indicated:

- (a) Beginning date (month and year sufficient, exact day not necessary);
- (b) Name and address of employer;
- (c) Official capacity or nature of employment;
- (d) Date terminated (month and year sufficient, exact day not necessary);
- (e) Reason for termination.

8. If applicant named in this statement is a corporation, or an incorporated association, state the amount of capital stock or invested interest owned of record by the within affiant. If the applicant is a partnership, state the approximate percentage of the total partnership capital credited to the within affiant.

SUPPLEMENTARY STATEMENT

9. State whether or not the invested capital interest of the affiant, as indicated above, represents borrowed funds, in whole or in part, or is pledged, hypothecated or under lien in any manner or degree. If so, to whom is applicant indebted?

10. If applicant is a partnership or unincorporated association, state the limitation of liability of the within affiant as a partner or member thereof.

11. State whether or not the affiant is connected with, or holds financial interest in, any other person partnership, association or corporation engaged as a regular business in the keeping and letting of safe deposit boxes, safes, and vaults or other facilities for safe-keeping of personal property. If so, name such party or parties, give address and state nature and extent of financial interest.

12. If affiant is engaged in, associated, or connected in any way with any other business, occupation, profession, or activities other than that of the business of the applicant being conducted or to be conducted under the name and at the address given for the applicant named in this statement that requires a license or is licensed, supervised, or regulated by any officer, body, commission or public authority of the federal government, the state of Illinois, any village, any municipality, or other political sub-division thereof, state full name and address of such other business, occupation, profession, or activity, and nature of their business, and state nature of connection or financial interest of affiant in such other business.

13. Give name and address of three reputable persons to whom the Director may address inquiries relative to the experience, character, integrity, and standing of affiant. Names submitted are not to be persons related to or employed by affiant or actively associated with applicant named in this statement.

SUPPLEMENTARY STATEMENT

14. State whether the within affiant, under present name or any former name, has ever had denied, suspended, cancelled or revoked any license with respect to any business organized for the purpose of the keeping and letting of safe deposit boxes, safes, vaults, or other facilities for the safe-keeping of personal property, by any state or other governmental authority? If answer is "Yes", give details.

This supplementary statement is to accompany and become a part of the application of

Name of Affiant

And is executed for the purpose of complying with provisions of "An Act to license and regulate the keeping and letting of safety deposit boxes, safes, and vaults, and the opening thereof, to provide a penalty for the violation thereof, and to repeal a certain Act therein named".

STATE OF)
)ss
COUNTY OF)

I, _____, swear or attest, and upon my oath state that I have read all of the foregoing statements and representations, and that each of such statements and representations, together with any related supplementary statements submitted herewith, is and are true and complete.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public within and for the above named State and County, by the above named affiant, personally known to me this _____ day of _____, A. D. 20_____.

(NOTARIAL SEAL)

NOTARY PUBLIC

My commission expires _____

INFORMATION FORM

I Name, Title, Percent of Stock Ownership and Resident Address of Every officer of the Licensed Entity.

A. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

II. Name, Title, Percentage of Ownership and Resident Address of Each Director of the Licensed Entity.

A. _____
(Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

III. Name, Percent of Ownership and Resident Address of Each Stockholder Owning 10% or More of Capital Stock or Any Owner/Partner of the Licensed Entity who is Not Listed Above.

A. _____
(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Percent of Stock/ownership)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate