



Illinois Department of Financial and Professional Regulation
Division of Financial Institutions
Request for Reinstatement of Illinois License

PLEASE PRINT

License No: _____

Business Name: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

☐ **CHECK HERE IF NAME OR ADDRESS CHANGE.** A name change must be accompanied by updated Certificate of Good Standing from the Illinois Secretary of State.

Please attach a copy of an active surety bond or continuation certificate. If your company is a debt buyer, please include a letter stating that your company is a debt buyer

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. **I also understand the FEES ARE NOT REFUNDABLE.**

Payment Method

☐ Check / Money Order in the amount of \$1000 per license/\$600 per branch license. Check Number: _____

Send form, attachments, and check to:

Department of Financial and Professional Regulation
Consumer Credit Section
Attn: Phil Sanson
320 W. Washington Street, 2nd Floor
Springfield, IL 62786

Signature of Applicant

Date

Email

INCOMPLETE REINSTATEMENT: Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement application is completed in full and includes the required fee and your signature. Fee must be a check or money order, payable to the IDFP. Do not mail cash.