



**District of Columbia
Department of Insurance, Securities and Banking
Banking Bureau**

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

INITIAL NON-DEPOSITORY LICENSE APPLICATION – CHECKLIST

INSTRUCTIONS – All applicants MUST complete, sign, and include this “Application Checklist” as a cover sheet for the completed application package.

Please indicate that you have **included, reviewed, or confirmed** each of the following items by placing an “X” in the appropriate box. Indicate “Not Applicable” where appropriate.

DISB USE ONLY

Documentation must be submitted in the order appearing on the checklist.

A. A check for the applicable amount made payable to the DC Treasurer	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
B. A completed and notarized application with all application related supporting documents	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
C. Original surety bond for the applicable amount	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
D. Organizational Documents	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
E. Certificate of Good Standing	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
F. Entity Ownership	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
G. Release of Personal Information Form	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
H. Business Plan	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
I. Company Credit Report	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
J. Financial Statements of the Business	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
K. Personal Financial Report and Biographical Information Form	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
L. Tax Registration Certificate	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
M. All applicable license specific information requested in the instructions	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
N. The applicant made a copy of the complete application package for record keeping purposes	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____	_____	DISB USE ONLY
APPLICANT'S TITLE	APPLICANT'S NAME (Please Print)	APPLICANT'S SIGNATURE	DATE	<input type="checkbox"/>

REMINDER: CAREFULLY REVIEW THE APPLICATION AND ALL SUPPORTING DOCUMENTS TO ENSURE YOU ARE SUBMITTING A COMPLETE APPLICATION PACKAGE. INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.