



New Applications
Jurisdiction-Specific Requirements



KENTUCKY MORTGAGE COMPANY LICENSE (BRANCH)

Instructions

1. Total license costs: \$420 including NMLS processing fee.
2. All fees paid through the NMLS are NONREFUNDABLE.
3. If any applicant fails to provide or respond to a request for additional information within ninety (90) days of submission to the department, the application shall be abandoned. Any applicant seeking licensing or registration after its application has been abandoned shall reapply and resubmit the required information.
4. Jurisdiction-specific requirements as identified on the checklist below must be received with this checklist within 5 business days of the electronic submission of your application through the NMLS at the following:

For U.S. Postal Service/ Overnight Delivery

Office of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, KY 40601

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	COPY OF LEASE OR DEED. Provide a copy of the lease or deed for the branch office.
<input type="checkbox"/>	<input type="checkbox"/>	BRANCH AUTHORIZATION FORM. Please complete the Branch Authorization form found below.

WHO TO CONTACT – Contact Office of Financial Institutions licensing staff by phone at 1-800-223-2579 ext. 255 or send your questions via e-mail to Fitzgerald.Pam@ky.gov for additional assistance.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN THE COMMONWEALTH OF KENTUCKY UNTIL YOU HAVE RECEIVED A LICENSE THROUGH THE NMLS

Kentucky Department of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, Kentucky 40601

BRANCH AUTHORIZATION FORM

(To be completed by APPLICANT)

_____ is applying for the registration of one or more branch offices pursuant to The Mortgage Loan Company and Loan Broker Act, Kentucky Financial Services Code Chapter 286.8 of the Kentucky Revised Statutes at the following location(s) (please attach list, if necessary):

Applicant, hereby states, by and through its authorized representative, _____, that the licensed principal office located at: _____ shall be fully responsible for the control, management, supervision, and actions of the branch referenced herein and its personnel. Control, management, and supervision shall include, at a minimum, implementing adequate procedures and controls to ensure that the branch is operating in a competent and lawful manner and conducting regular and ongoing reviews of employee performance and of work performed by the branch.

Applicant further states that the principal office referenced herein shall be fully responsible for communicating with the department on all licensing, examination, and enforcement matters involving the branch office referenced herein and shall further ensure that all branch personnel are adequately trained, supervised, and competent to perform their assigned duties.

This the ___ day of _____, 20__.

Authorized Representative of Applicant
Print Name:
Title:

