



# Amendments

## Jurisdiction-Specific Requirements



# VERMONT LENDER LICENSE

### Instructions

1. The following amendments require items to be sent to the Vermont Banking Division outside the NMLS:
  - Change of Name
  - Change in Address
  - Change in Ownership or Change in Control
  - Change in Qualifying Individual
2. The fee to change an address is \$100.00 per license certificate. There are no other amendment fees.
3. All fees, except as otherwise noted, are collected through the NMLS and ARE NOT REFUNDABLE.
4. Any Change of Address, Change of Name, Change in Ownership, or Change in Control Person or Qualifying Individual must also be reported on the applicable Form MU1 and/or Form MU2.
5. Jurisdiction-specific requirements, as set out in the checklist below, should be completed first as they 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:

Vermont Department of Banking, Insurance,  
 Securities, and Health Care Administration  
 Banking Division  
 89 Main Street  
 Montpelier, VT 05620-3101

For Overnight Delivery:

Vermont Department of Banking, Insurance,  
 Securities, and Health Care Administration  
 Banking Division  
 89 Main Street, 2<sup>nd</sup> Floor  
 Montpelier, VT 05620-3101

NMLS Unique ID Number: \_\_\_\_\_

Applicant Legal Name: \_\_\_\_\_

ATTACHED	NOT APPLICABLE	ITEM
<b>CHANGE IN NAME REQUIREMENTS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>ORIGINAL LICENSE.</b> Return all original license certificates, including branch licenses, to the Vermont Banking Division for amendment.
<input type="checkbox"/>	<input type="checkbox"/>	<b>SURETY BOND RIDER.</b> Submit Surety Bond Riders for each license issued that reflects the change of name, including any trade or fictitious name, if one is used.
<input type="checkbox"/>	<input type="checkbox"/>	<b>SECRETARY OF STATE/MUNCIPALITY DOCUMENTATION. (For change in name)</b> - Submit a certified copy of the licensee's amended Articles of Organization or Incorporation filed with the state where the applicant was formed. <ul style="list-style-type: none"> <li>a. Foreign entities (not formed in Vermont) submit a copy of the certificate issued by the Vermont Secretary of State amending the entity's name.</li> <li>b. If applicable, submit a copy of the Certificate of Trade Name Registration issued by the Vermont Secretary of State authorizing the use of a trade or fictitious name.</li> </ul>
<b>CHANGE IN ADDRESS REQUIREMENTS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>ORIGINAL LICENSE.</b> Return the original license certificate to the Vermont Banking Division for amendment.
<input type="checkbox"/>	<input type="checkbox"/>	<b>SURETY BOND RIDER.</b> Submit a Surety Bond Rider that reflects the change of address.
<b>CHANGE IN OWNERSHIP OR CHANGE IN CONTROL</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>FINANCIAL STATEMENT(S).</b> Entities and Control persons that directly or indirectly own 10% or more of the applicant must submit current and two prior years' company/personal financial statements. Financial statements should be prepared in accordance with generally accepted accounting principles (GAAP), signed under the pains and penalties of perjury, and dated within 90 days of the date of application. Individuals may use the <i>Financial Statement</i> form, or similar format, including a State of Condition (and "as of" date) with supporting schedules and an Income Statement. Control persons of publicly traded companies are not required to provide personal financial statements.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE IN OWNERSHIP LEGAL DOCUMENTS.</b> Provide certified copies of all legal documents executed and associated with the change in ownership, including any applicable purchase and sales agreements, merger agreements, or consent to change in ownership agreements.
<input type="checkbox"/>	<input type="checkbox"/>	<b>ORGANIZATIONAL CHART.</b> Provide pre-change organizational & post change organizational charts of all direct and indirect owners and affiliated entities of the

		licensee.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for all “Yes” answers to any of the Disclosure questions for the company or any new Control Person.
<b>CHANGE IN QUALIFYING INDIVIDUAL</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for all “Yes” answers to any of the Disclosure questions for the Qualifying Individual.

**WHO TO CONTACT** – Contact Vermont Banking Division licensing staff by phone at 802-828-3307 or send your questions via e-mail to [nmls@bishca.state.vt.us](mailto:nmls@bishca.state.vt.us) for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.