**LITIGATION FUNDING PROVIDER REGISTRATION APPLICATION**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

####  AUGUSTA, MAINE 04333-0035

***FOR OFFICE USE ONLY***

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CC [ ] CHECK [ ] CHECK #:\_\_\_\_\_\_\_\_\_\_\_\_

CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(207)624-8527**

In accordance with the provisions of the Maine Consumer

Credit Code, application is hereby made for a registration to

Provide Legal (Litigation) Funding.

1. **FULL TRADE NAME OF REGISTERED LOCATION (INCLUDING D/B/A):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TELEPHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEBSITE ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RECORD LOCATION**: List the location of all legal funding records that are **not** stored at the above location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3A. Include the names, titles, addresses, telephone numbers and e-mail addresses of the following persons to contact for:

Scheduling of Compliance Examinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Complaint Resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. **BUSINESS INFORMATION** (please attach separate sheets as necessary):

A. Type:

[ ]  Sole Proprietorship (List Proprietor)

[ ]  Partnership (List Partners)

 [ ]  Corporation

[ ]  LLC

[ ]  LLP (List Partners)

[ ]  Other (Describe)

B. Information on Individuals. On a separate piece of paper, list the names(s), address(s) and social security number(s) of (as applicable), the sole proprietor, the partners, or the top five (5) corporate officers, LLC shareholders or LLP Partners.

C. Corporation, LLC’s or LLP’s (if applicable).

1. Date of registration in Maine as a foreign corporation (enclose copy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name and address of Designated Agent upon whom service of process may be made in this state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Name and address of Parent Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Enclose a copy of Articles of Incorporation and By-laws or other formative documents.

5. Federal I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **CONVICTIONS**: Has any individual listed in response to question 4(A) or 4(B) been convicted of a violation of consumer financial statutes of this state or any other state or served as a proprietor, partner, officer, director or employee of any organization which has had its registration/license revoked or suspended under these statutes during the term of service of the individual?

 [ ]  YES [ ]  NO

if answered “YES”, furnish details on separate sheet.

6. **FINANCIAL STATEMENT**: Attach a sworn financial statement and any other information necessary to substantiate the availability of at least $25,000 in net tangible assets for the operation of each registered location. (Upon the issuance of a registration, each registrant must maintain net assets of at least $25,000 which are either used or readily available for use in the conduct of the business of each office.)

1. **BOND**: Attach a duly executed surety bond in the amount of $50,000, using the form included in the registration package, for each office location.

9. **QUALITY CONTROL PROGRAM**: Include a copy of your company’s Quality Control Program.

10. **RÉSUMÉS**: Include résumés of 1) the top three principal officers of the applicant; and 2) the person who will oversee the daily operations of the registered office and its personnel.

11. **CONTRACT** **FORMS**: Provide a sample contract or written agreement and disclosure forms of the type that will be utilized with Maine consumers.

1. **FUNDING DENIAL FORM**: If you utilize credit reports to deny applications for legal funding, include a sample copy of the denial form which conforms with the requirements of the Federal Fair Credit Reporting Act.
2. **OTHER REGISTERED LOCATIONS**: List all states where your company is currently registered as a Litigation Funding Provider, and specify for how long your have been registered. (Please attach separate sheets as necessary.)

###### NAME OF STATE DATE LICENSED TYPE OF LICENSE LICENSE #

1. **APPLICATION FEE**: Your registration will be valid for up to 2 years. The application fee is $500 for the first registered location, and $200 for each additional registered location. (Complete separate branch office application for separate offices). Make check payable to, “Treasurer, State of Maine.”
2. **DEADLINE**: A registration accepted September 1 or later will be valid through September 30 of the second following calendar year. For example, a registration granted on September 15, 2023 will be valid through September 30, 2025. A registration issued prior to September 1 will be valid only until September 30 of the following year. For example, a registration granted on August 15, 2023 will be valid until September 30, 2024.

(If a corporation, affix

 Corporate seal here) By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

 Personally appeared the above-named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and made oath to the truth of the statements,

 Before me,

 Notary Public/Justice of the Peace

**Maine law [5 M.R.S.A. §130 (1991)] requires assessment of $20.00 for any check returned by your bank for insufficient funds.**

PLEASE MAIL YOUR APPLICATION ADDRESSED AS FOLLOWS:

**REGULAR MAIL**: **EXPRESS MAIL**:

STATE OF MAINE STATE OF MAINE

BUREAU OF CONSUMER CREDIT PROTECTION BUREAU OF CONSUMER CREDIT PROTECTION

35 STATE HOUSE STATION 76 NORTHERN AVENUE

AUGUSTA, ME 04333-0035 GARDINER, ME 04345

##### NOTICE REGARDING PUBLIC INFORMATION

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other registration records to which this information may later be transferred are also considered public records. Where permitted by law, your name, registration number, mailing address and other information listed on this application may be posted on the State’s website.