

JOHN A. GALE
Secretary of State



1305 State Capitol
Lincoln, NE 68509

DEBT MANAGEMENT LICENSE APPLICATION

Initial Fee: \$200.00

Investigation Fee: \$200.00

Date of Application _____ Applicant is a: Individual ___ Partnership ___ LLC ___ Corporation ___

Business Name _____

Business Owner(s) _____

Business Address _____

City, State, Zip _____

Telephone No. _____ Fax No. _____

In addition, you will need to provide:

1. A copy of the certificate of registration of trade name, certificate of partnership, articles of organization, or articles of incorporation (depending on type of organization).
2. For an association or corporation: the names and addresses of all officers and directors;
For a partnership: the names and addresses of all partners;
For a LLC: the names and addresses of all members.
3. A blank copy of any contracts used between the licensee and the debtor. Please note that any changes or amendments to those contracts must be filed within thirty days.

State of _____)

_____)

County of _____)

I hereby swear that the information contained in this application is true and correct.

Signature of Person Completing Application

Title

Subscribed and sworn to me this _____ day of _____, 20_____.

(seal)

Notary Public

My commission expires