



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**



**CREDIT COUNSELING ORGANIZATION
RENEWAL LICENSE APPLICATION**

S.C. Code Ann. § 37-7-101 through - 122.

www.sccconsumer.gov

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

Street Address
2221 Devine Street Suite 200
Columbia SC 29205-2418

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

See **Renewal** Application Instructions. **Please Type or Print Legibly in Ink.** Attach additional page(s) as necessary.

1. Full Name of Credit Counseling Organization (applicant): _____

Trade Name – d/b/a: _____

Postmark by December 1st.

License No.: _____

2. Applicant's Contact Person: _____ Check if different from prior application

3. Business Headquarters Address: _____
(Street Address)

(City) (State) (Zip Code) (County)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

4. Telephone Number: () - _____ 5. Fax Number: () - _____

6. Website Address: _____

7. LOCATIONS: List (1) all locations within South Carolina and (2) all locations outside the State that are soliciting and/or contracting with debtors located in South Carolina. (Attach Additional Page(s) as Necessary)
NOTE: The renewal fee is \$100 per location. A Supplemental Form B must be completed for each NEW location.

Address	Phone Number	Manager
	() -	
	() -	
	() -	

8. Attach a list of all CREDIT COUNSELORS engaging in credit counseling services in South Carolina or with South Carolina consumers. Include the name, location(s) where employed, and license number. **NOTE: New credit counselors must fill out an initial application form, while renewing counselors must submit a renewal form.**

9. Name and Address of Registered Agent in South Carolina: _____
(Last) (First) (Middle)

(Street Address) (City) (State) (Zip Code)

10. Attach a list of every OWNER, PARTNER, MEMBER, OFFICER and DIRECTOR of the applicant. Include the name, title and percentage owned, if any. **NOTE: Everyone listed must complete a Renewal Supplemental Form A or an initial Supplemental Form A, UNLESS the person (a) serves as a director on a voluntary board, (b) does not receive compensation directly or indirectly from the corporation, and (c) holds no financial interest in the corporation.**

Mark an "X" in the Appropriate Box

If you answer "YES" to any question, attach a separate sheet giving complete details.

Please consult the Credit Counseling Organization License Application(s) previously submitted to enable accurate completion of this section.

YES NO NO

- 11. Has the business type, including non-profit designation, changed since the last application? If yes, state new type and attach appropriate documentation of the change. YES NO
- 12. Have there been any changes to Questions 15-17? If yes attach complete details. If conducting business in new states, include the state, license number, and date of initial licensing. YES NO
- 13. Have there been any changes to the Budget Analysis, Contract, or Creditor Consent Form (as applicable)? If yes, submit such forms. *Reminder: The organization must submit forms that are different from the most recent forms reviewed by the Department prior to use.* YES NO
- 14. Is the organization's bond in effect and of the correct amount as required under Section 37-7-103? Please attach the organization's bond continuation certificate. YES NO

CONTINUING PROFESSIONAL EDUCATION (CPE)

If the organization is required to have obtained twelve hours of CPE for this renewal, please attach a CPE Reporting Form to the Renewal Application.

FEES

License Renewal Fee: _____ locations x \$100 = \$ _____

Counselor Fees: _____ counselors x \$40 = \$ _____

Total Amount Submitted : \$ _____

VERIFICATION

The information the Department currently has on file concerning the Organization, Locations, and Counselors was reviewed on ____/____/____.

Is the information correct? If no, please provide details.

YES NO

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information on prior forms submitted and in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which s/he signs.

SWORN TO AND SUBSCRIBED before me
this ____ day of _____, 20 ____

Signature of person completing the form

Notary Public For: _____

Type or Print your name

My Commission Expires: _____

Type or Print your Business Relationship or Title

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.

Telephone Number: () -

E-Mail Address: