



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
CREDIT COUNSELING ORGANIZATION LICENSE APPLICATION**



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

S.C. Code Ann. § 37-7-101 through - 122.  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4200

**Street Address**  
2221 Devine St., Ste. 200  
Columbia, SC 29205-2418

**DO NOT FAX THIS FORM**

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

**GENERAL INFORMATION**

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

Federal Tax ID No.: \_\_\_\_\_ *(Sole proprietors without employees disregard)*

Trade Name – d/b/a: \_\_\_\_\_

2. Applicant's Contact Person: \_\_\_\_\_

3. Business Headquarters Address: \_\_\_\_\_  
(Street Address)  
 \_\_\_\_\_  
(City) (State) (Zip Code) (County)

Mailing Address: \_\_\_\_\_  
(Street Address)  
 \_\_\_\_\_  
(City) (State) (Zip Code)

4. Telephone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

5. Website Address: \_\_\_\_\_

6. E-Mail 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: Supplemental Form B must be completed for each location.**

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

8. Current Business Type and Services Offered:

A.  Non-Profit  For Profit

B.  Sole Proprietorship  Partnership  Limited Liability Company  Corporation  
(Attach a copy of the agreement, Articles of Incorporation, or Articles of Organization as applicable)

C.  Receiving and distributing consumer's funds  Improving consumer's credit record, etc.  Negotiating to defer or reduce consumer's obligations



15. Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency? YES  NO
- If yes, attach complete details of the refusal, suspension, or revocation.
16. Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates?
- If yes, attach complete details of the event.
17. Does the applicant or any of its affiliates conduct credit counseling in other states? If yes, provide the following information. Also indicate any states in which applications are pending.

State	Name of Company	Date of Initial Registration/Licensing	Registration/License Number	Number of Years in Operation

18. OTHER ATTACHMENTS: Please use the checklist below to verify your application is complete.  
**Incomplete information could result in delay or denial of your application.**
- \$100 Application/Renewal Fee per location
  - \$50 One-time Investigation Fee
  - A properly executed Surety Bond issued (a) by a company authorized to transact business in South Carolina, (b) to the South Carolina Department of Consumer Affairs and (c) in the amount of **twenty-five thousand dollars (\$25,000)** or in an amount that equals or exceeds the total amount of south Carolina clients' funds in the applicant's trust account at the time of application, whichever is greater.
  - Financial Statements for the applicant as of the most recent fiscal year. Personal financial statements of every owner, partner, member, officer, and director of the applicant may be substituted for **new** company statements. ("New" being a company in business for less than one year.)
  - A description of the organization's Consumer Education Program.
  - A copy of the organization's standard Agreement/Contract.
  - A copy of the organization's Budget Analysis Form, if applicable.
  - A copy if the organization's Creditor Consent Form, if applicable.
  - A copy of the organization's Fee Schedule.
  - Supplemental Form A for every owner, partner, member, officer, and director of the applicant listed in Question #11, unless otherwise stated.
  - All individuals listed in Question #11 requested Criminal Records Checks, unless otherwise noted.
  - All individuals listed in Question #11 requested or obtained Personal Current Composite Credit Reports, unless otherwise noted.
  - Supplemental Form B for every location listed in Question #7.
  - Counselor applications for persons listed on the organization's Supplemental Form B(s),
  - A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable.
  - Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or

limited partnership. (i.e. certified copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina). *Copies of Articles or Certificates of Existence may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158.*

A copy of the organization's IRS Exemption Letter, if a non-profit entity.

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The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information 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.**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone Number: ( ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_