

COLORADO UNIFORM CONSUMER CREDIT CODE 2019 RENT-TO-OWN INITIAL NOTIFICATION FORM

WEBSITE: WWW.COAG.GOV/UCCC EMAIL: UCCC@COAG.GOV

TELEPHONE: (720) 508-6012

YOU MUST COMPLETE ALL SECTIONS AND FORMS. IF A SECTION DOES NOT APPLY, PLEASE WRITE N/A. ENCLOSE CHECK PAYMENT WITH SUBMISSION.

RETURN TO:

COLORADO DEPARTMENT OF LAW UNIFORM CONSUMER CREDIT CODE RALPH L. CARR COLORADO JUDICIAL CENTER 1300 BROADWAY, 6TH FLOOR DENVER, CO 80203

MAKE CHECKS PAYABLE TO:

COLORADO UNIFORM CONSUMER CREDIT CODE OR COLORADO UCCC

COMPLETE THE FOLLOWING:

1. LEGAL NAME:			
2. ALL TRADE NAMES IN WHICH BUSINESS IS TRANSACTED:			
3. PHYSICAL ADDRESS OF INDIVIDUAL OFFICE/STORE:			
4. DATE IN WHICH RENTAL PURCHASE AGREEMENTS COMMENCED AT ABOVE INDIVIDUAL OFFICE/STORE:			
5. PHYSICAL ADDRESS OF PRINCIPAL OFFICE (MABE BE OUTSIDE OF COLORADO):			
6. ARE RENTAL PURCHASE AGREEMENTS MADE IN A PLACE OTHER THAN AT AN OFFICE/STORE IN COLORADO? (CIRCLE ONE) YES OR NO IF YES, HOW? MAIL INTERNET OTHER			
7. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WH	OM SERVICE OF PROCESS	MAY BE MADE:	
FEE SCHEDULE			
INITIAL NOTIFICATION FEE FOR THIS PHYSICAL LOCATION		\$50.00	
THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING RENTAL PURCHASE AGREEMENTS WITHIN THE STATE OF COLORADO. I HEREBY VERIFY THAT THE INFORMATION STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.			
X			
SIGNATURE OF OWNER/OFFICER/PARTNER	DATE		
PRINTED NAME OF OWNER/OFFICER/PARTNER	TELEPHONE NUMBER	EMAIL ADDRESS	
MANDATORY INFORMATION FOR <u>SOLE PROPRIETORS</u> (NOT OPEN TO PUBLIC INSPECTION). THIS INFORMATION IS REQUIRED BY §§ 14-14-113 AND 24-31-107, C.R.S. AND MAY BE USED TO REVOKE, SUSPEND, OR DENY LICENSES OR NOTIFICATIONS AS DETERMINED BY THE STATE CHILD SUPPORT ENFORCEMENT AGENCY FOR NONCOMPLIANCE WITH SUPPORT ORDERS OR SUBPOENAS/WARRANTS RELATING TO PATERNITY AND CHILD SUPPORT. ALSO INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.			
COMPLETE HOME ADDRESS:			

2019 CONTACT INFORMATION LIST

Colorado Uniform Consumer Credit Code

Please provide the following i	information and return with y	our notification form.
Company Name:		
Contact Person for Notification	on Questions and General Ma	ilings:
Name:		
Title:		
Address:		
	Phone Number:	
Contact Person for Complian	<u>ce Examinations:</u>	Same as Above:
Name:		
Title:		
Address:		
	Phone Number:	
Contact Person for Consumer	· Complaints:	Same as Above:
Name:		
Title:		
Email Address:	Phone Number	

2019 OWNERSHIP-COLLECTION ACTIVITY QUESTIONNAIRE

Colorado Uniform Consumer Credit Code

Please provide the following information and return with your notification form		
Company Name:		
Provide the names of the owners, stockholders of the corporation, or the members of the imited liability company and the percentage of each owner's, stockholder's, or member's wnership interest. For corporations: If publicly traded, list all entities holding 10% of nore of the stock; If privately held, the number of shares must equal 100% of stock. Attach additional pages if necessary)		
<u>Name</u>	% of Stock or Member Ownership	
(Collection Activity	
	s of each collection agency, engaged by the notifier, to umer rent-to-own transactions. (Attach additional pages if	
Name of Company	Address	
	of each debt buyer, to whom the notifier sold defaulted transactions. (Attach additional pages if necessary)	
Name of Company	$\underline{\mathrm{Address}}$	