



# COLORADO UNIFORM CONSUMER CREDIT CODE

## RENT-TO-OWN NOTIFICATION FORM

WEBSITE: [WWW.COAG.GOV/UCCC](http://WWW.COAG.GOV/UCCC) EMAIL: [UCCC@COAG.GOV](mailto:UCCC@COAG.GOV)

TELEPHONE: (720) 508-6012

NAME AND PHYSICAL LOCATION:	<b>RETURN TO:</b> COLORADO DEPARTMENT OF LAW CONSUMER PROTECTION SECTION UNIFORM CONSUMER CREDIT CODE RALPH L. CARR COLORADO JUDICIAL CENTER 1300 BROADWAY, 6TH FLOOR DENVER, CO 80203
MAILING ADDRESS:	

### COMPLETE THE FOLLOWING AS APPLICABLE:

1. NAME OF PERSON OR COMPANY – IF DIFFERENT THAN ABOVE:
2. IDENTIFY ALL TRADE NAMES UNDER WHICH BUSINESS IS TRANSACTED – IF DIFFERENT THAN ABOVE:
3. ADDRESS OF PHYSICAL LOCATION – IF DIFFERENT THAN ABOVE:
4. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE (CORPORATIONS ONLY):
5. MAILING ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE COLORADO) – IF DIFFERENT FROM ABOVE:

### FEE SCHEDULE (CHECK THE APPLICABLE BOX)

INITIAL FILING FEE FOR THIS PHYSICAL LOCATION IN COLORADO AT WHICH RENTAL PURCHASE AGREEMENTS ARE MADE (DUE WITHIN 30 DAYS OF COMMENCING BUSINESS)	<input type="checkbox"/>	\$50.00
<b>OR</b>		
SUBSEQUENT ANNUAL FILING FEE FOR THIS PHYSICAL LOCATION IN COLORADO AT WHICH RENTAL PURCHASE AGREEMENTS ARE MADE AND THAT HAS PREVIOUSLY PAID THE INITIAL \$50.00 FILING FEE	<input type="checkbox"/>	\$25.00
PAID BY (CHECK ONE): CHECK___ ELECTRONIC CHECK___ CREDIT CARD___		

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	E-MAIL ADDRESS
<b>MANDATORY INFORMATION FOR SOLE PROPRIETORS AND INDIVIDUAL REGISTRANTS (NOT OPEN TO PUBLIC INSPECTION).</b> 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. <b>ALSO,</b> PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.		
COMPLETE HOME ADDRESS: _____	SSN: _____	

**COLORADO UNIFORM CONSUMER CREDIT CODE**

**Creditor Contact Information**

**Please provide the following information and return with your notification form.**

Company Name: \_\_\_\_\_

**Contact Person for Notification Questions and General Mailings:**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Contact Person for Consumer Complaints:**

**Same as Above: \_\_\_**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

# Ownership Questionnaire

## 2016 Rent-to-Own Notification Filing

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Provide the names of the stockholders of the corporation or the members of the limited liability company and the percentage of each stockholder's or member's ownership interest. For corporations: If publicly traded, list all entities holding 10% or more of the stock; If privately held, the number of shares must equal 100% of stock. (Attach additional pages if necessary)

Name

% of Stock or Member Ownership

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