



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING

1830 College Parkway, Suite 100  
Carson City, NV 89706  
(775) 684-7060 Fax (775) 684-7061  
www.mld.nv.gov

**HOME-BASED BUSINESS APPLICATION**

Mail to the Division of Mortgage Lending (the "Division") at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending ("the Commissioner") for approval for a home-based business. The licensed entity is a (check one box).

Mortgage Broker

Mortgage Banker

Name and address as it appears on license:			
Corporate Name: _____			
DBA, if applicable: _____			
License No.: _____		NMLS ID No.: _____	
Address:			
_____	_____	_____	_____
Street Address	City	State	Zip

Change of address and information:			
Corporate Name: _____			
DBA, if applicable: _____			
License No.: _____		NMLS ID No.: _____	
Address:			
_____	_____	_____	_____
Street Address	City	State	Zip
Phone No.: _____		E-Mail: _____	
		(Mandatory)	
Fax No. _____			

**IMPORTANT NOTICE:**

A Licensee approved by the Commissioner to conduct business from a home-based business understands, acknowledges, and agrees that:

1. Licensee is responsible for all costs associated with operating a branch office and all agreements for office space must reflect the name of the company.
2. Licensee shall abide by all local ordinances and applicable HOA rules pertaining to a home-based business and represents the proposed licensed location is not within a gated or restricted access community.
3. Licensee shall not employ any mortgage agents or associated covered service providers, as applicable.
4. Licensee shall designate and furnish space within the home for the sole purpose of conducting business.
5. Licensee shall secure all loan files and personal information in locking filing cabinets within the space designed for conducting business.
6. Licensee shall comply with the Gramm-Leach-Bliley Act.
7. Licensee shall allow for the inspection of the home-based business as may be requested the Commissioner.
8. In the performance of an examination or an investigation of the Licensee by the Division, at a minimum, two examiners or investigators will be assigned.

**Required Items:**

- Original license. (The Division will return a new license to indicate the change in address upon approval of the Application for Home-Based Business.)
- Copy of lease agreement reflecting the name of the Licensee (if the home-based business is located in a residence owned by other than the Licensee).
- Pictures of designated office space within the home showing locking filing cabinets(s); shredding devices; and other measures to secure the confidentiality of personal information.

I, the undersigned, state that I am authorized to sign the within Application for Home-Based Business on behalf of the applicant named herein; that I have read and signed said Application for Home-Based Business and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally completed this Application for Home-Based Business, acknowledge understand and agree to the requirements for a home-based business, and further verify the information contained herein.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Authorized Signatory (Owner)

Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal