



**APPLICATION FOR LICENSE
AS A CHECK CASHER**

(Before filling out this form read the instructions carefully. All answers should be printed or typed. If additional space is required to complete any statement, prepare and annex a rider. Write "none" or "not applicable" (N/A), where appropriate.)

_____, 20 _____

To The Superintendent of Financial Services of the State of New York:

The undersigned, desiring to engage in business as a Check Casher pursuant to the provisions of Article 9-A of the Banking Law of the State of New York, does hereby make application for a license in accordance with its terms.

- 1. State the name of the applicant. Include any trade name, under an assumed name (UAN) or doing business as (DBA) name, as applicable:

Type of Application: (Check type)

- De Novo (new licensee) [] Change of Control []
- Branch [] Relocation []

Type of Applicant: (Check type of entity in which business will be conducted)

- Individual [] Partnership [] Corporation []
- Association [] Limited Partnership [] Limited Liability Company []

- 2. (a) Provide the complete address where the applicant proposes to conduct business as a licensed casher of checks.

(b) Provide the census tract number: _____.

(c) The principal place of business (headquarters/main office) of the applicant is:

(d) The applicant's books and records are available for examination by the Department at _____

3. The applicant was formed under the laws of the State of _____ on _____ 20____.

Please attach the following documents, as applicable:

- a) If the applicant is a corporation - a copy of the Certificate of Incorporation, including any amendments.
- b) If the applicant is a limited liability company - a copy of the Articles of Organization.
- c) If the applicant is a partnership - a copy of the Partnership Certificate.
- d) If the applicant is conducting business under an assumed name - an Assumed Name Certificate.
- e) If applicant is a foreign entity - include a copy of its Authority to Do Business in NYS.
- f) A copy of the Corporate By-Laws, Operating Agreement, or Partnership Agreement as applicable.
- g) Provide a copy of any filing receipt(s).

See instructions for applicable incorporation/organization documents that must be submitted along with the application.

- 4. Please submit a business plan with the application.
- 5. Please submit a community needs study for the area surrounding the proposed location to be licensed.
- 6. The following information is required of the applicant, individuals with an ownership interest and a designated contact individual(s). The information provided should include: company website, contact name, title, telephone numbers, fax number(s), e-mail address(es) and mailing address(es). _____

Provide supplemental pages as needed.

7. A pro forma balance sheet as of the start of business.

<u>Assets</u>		<u>Liabilities/Equity</u>	
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
		Notes Payable	\$ _____
Cashed Checks on Hand	\$ _____	Short Term Loans	\$ _____
Short Term Investments	\$ _____	Total Current Liabilities	\$ _____

Total Current Assets	\$ _____	Long Term Loans	\$ _____
Other assets	\$ _____	Other Liabilities	\$ _____
		Total Liabilities	\$ _____
		Total Equity	\$ _____
Total Assets	\$ _____	Total Liabilities and Equity	\$ _____

8. Please provide a projected income and expense statement for the first year of operation.

9. Capital Structure of Applicant

Ownership % Authorized	Number of Shares Authorized (if a corporation)	Par or Estimated Value	Number of Shares or % Outstanding

10. Provide the name and address of each of the applicant's officers, directors, shareholders, associates and/or agents. Use additional pages if necessary.

Name	Address	Title/Position	Number of Shares Held or % of ownership

11. Provide the name and address of each of the applicant's other employees. Use additional pages if necessary.

Name	Address	Position	Date Employed

12. (a). Additional financing for the proposed check cashing business will be provided by:

(b). Please submit a credit facility letter showing an existing right of access to a line of credit in an amount of not less than \$100,000, per licensed location, provided by a banking institution or similar credit facility approved by the Superintendent. The letter should state whether the line of credit is secured or not and if so, the nature of collateral should be described. Additionally, the letter should include if there are any guarantors, who they are and when the line is to expire.

13. List the name and address of each of the applicant's branches (b), subsidiaries (s) or affiliates (a). In the "Type" column indicate (b), (s) or (a), as appropriate.

Name	Address	Type

14. In addition to check cashing, the applicant plans to offer the following services:

	Yes / No	Acting as an Agent of:
Sale of Money Orders:		
Utility Bill Payments:		
Wire Transmission:		
Other Services (detail):		

(If the applicant plans to sell money orders, accept utility bill payments and/or transmit funds as an agent of a licensed money transmitter, the applicant must complete and submit a Money Transmission Agent Application for each money transmission agency to be established. The agent application is included in the package. Refer to Superintendent's Regulation Section 400.12 for details.)

15. Please provide a diagram and dimensions of the floor plan of the proposed location as certified by an architect, building engineer or surveyor, licensed in New York State (NYS). If the proposed check cashing facility is part of a larger shared space/location/building, provide the dimensions of the check casher within the overall floor plan. The check cashing facility must be at least 480 square feet.

16. Please include a copy of the title certificate, lease or letter from the owner/rental agent indicating that the applicant has obtained (or will obtain) possession of the proposed location for a minimum term of three years.

17. Please include a notarized statement stating that the location is in compliance with local zoning regulations. (Please see Compliance Affidavit.)
18. Please include a notarized statement stating that the proposed location will not be closer than one thousand five hundred eighty-four feet (three-tenths of a mile) from an existing retail check casher. Such distance shall be measured on a straight line along the street between the nearest point of store fronts of check cashing facilities. (Please see Compliance Affidavit.)
19. Please submit a notarized statement stating that the business will abide by and establish procedures to ensure compliance with the privacy provisions of Title 5 of the Gramm-Leach-Bliley Act of 1999 and the regulations promulgated there under by the Federal Trade Commission, which are found in 16 CFR Part 313. (Please see Compliance Affidavit.)
20. Please submit a notarized statement stating that the business will abide by the provisions of the USA PATRIOT Act, which requires that all check cashers must establish internal anti-money laundering programs that include: policies, procedures and internal controls; an employee training program; an independent audit function and the designation of an employee as the compliance officer. Be sure to state the full name of the employee so designated. (Please see Compliance Affidavit.)
21. Please submit a notarized statement stating that the primary business, at the location to be licensed, shall be financial services. (Please see Compliance Affidavit.)
22. Please provide evidence of Worker's Compensation, NYS Disability Insurance coverage and Group Utility Bond coverage of \$100,000 per location.
23. Please submit a background report for every individual with an ownership interest in the applicant, every officer (including the compliance officer) and every other individual who has managerial or supervisory responsibilities.

(Note: Answer "Yes" or "No" to the following questions 24 through 31. For all "Yes" answers attach a separate statement giving complete details.)

24. Does/Did any relative (by blood or marriage) of any officer, director, stockholder, associate, agent or employee of the applicant have an interest in any licensed casher of checks?

(Yes/No) _____

25. Has any relative (by blood or marriage) of any officer, director, stockholder associate, agent or employee of the applicant heretofore applied for a license to engage in business as a licensed casher of checks?

(Yes/No) _____

26. Has any officer, director, stockholder, associate, agent or employee ever been arrested or indicted for any felony or other crime in any jurisdiction?

(Yes/No) _____

27. Has any director, officer or stockholder, associate, agent or employee ever been convicted (including any conviction based on a plea of guilty and any conviction on which sentence has been suspended) of any felony or other crime in any jurisdiction: (If "Yes", provide the name of the person or entity convicted, date of conviction, place of conviction, crime(s) and sentence, or other disposition.)

(Yes/No) _____

28. Has any director, officer, stockholder, associate, agent or employee ever been known by any name other than the name presently being used?

(Yes/No) _____

29. Does any person, other than those listed herein, have any interest in the business to be licensed?

(Yes/No) _____

30. (a) Has the applicant, any director or stockholder ever been licensed in the financial services industry in any State? (If "Yes", separately detail the person(s) involved, State(s)/issuing agency, other regulators, type of license issued, status of the license, name of licensee, licensed period and licensed location):

(Yes/No) _____

(b) Was any license suspended or revoked? (If "Yes", separately provide the date of suspension or revocation and a full explanation of the circumstances.)

(Yes/No) _____

31. (a) Has the applicant, any director or stockholder ever engaged in the business of commercial, small loan or payday lending in any state, whether licensed or not? (If "Yes", separately detail the name of each individual or entity engaged in these lending activities. If licensed, include the licensed period, licensed location, and name and address of licensing agency.)

(Yes/No) _____

(b) Was any such license suspended or revoked? (If "Yes", separately provide the date of suspension or revocation and a full explanation of the circumstances.)

(Yes/No) _____

32. For each individual listed in questions 10 and 11 who has not been previously registered with the New York State Department of Financial Services, fingerprints must be taken as required by Article 2, Section 22 of the New York State Banking Law and Part 400 of the Superintendent's Regulations. Please refer to the "Fingerprinting Procedure" posted on our website. If you have any questions concerning this procedure, please contact the Department at (212) 709-5507.
33. Enclosed is a check, payable to the "Superintendent of Financial Services" for \$_____ representing the application investigation fee. (This amount is non-refundable.)

(Name of applicant)

By: _____
Name of Authorized Representative

Title of Authorized Representative

Witness _____
Signature of Witness

Print Name of Witness

State of _____ }

County of _____ }

ss.:

On this _____ day of _____ in the year 20____, before me personally appeared _____, to me known or satisfactorily proven, who, being duly sworn, according to law, did depose and say that he/she resides at _____; that he/she is the authorized representative of the entity described herein and who executed the above instrument on its behalf; that he/she has read the foregoing instrument and knows the contents thereof; and that the same are true and complete.

Notary Public

AFFIDAVIT

State of: _____

County of: _____

The undersigned, _____, being duly
(Name)

sworn, depose and state that:

- a. I am the of _____ of _____
(Authorized Representative) (Name of Entity)
- b. In my capacity as such, I have submitted the above application.
- c. No person other than those listed above will have any interest or invest any funds or share in the management or profits of the entity.
- d. All statements in the foregoing application are true, correct and complete to the best of my knowledge.
- e. I understand that false statements made under oath in this application may result in the suspension or revocation of this check cashing license.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)