

STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
555 EAST LOOCKERMAN STREET, SUITE 210  
DOVER, DELAWARE 19901

**RENEWAL APPLICATION  
FOR LICENSE UNDER CHAPTER 27  
CASHING OF CHECKS, DRAFTS OR MONEY ORDERS**

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

1. Name of Applicant: \_\_\_\_\_

E.I. or S.S. No.: \_\_\_\_\_

2. Contact person, title, and phone number for application:

\_\_\_\_\_

Name/Title	Telephone Number/Extension	Fax No.	Email address
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3. Address of principal office where Delaware business is conducted: Attach separate list if necessary for additional licensed locations. **The renewal application cannot be used to notify this office of address changes or to apply for new licensed offices.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

No. & Street	City	State	Zip Code
<b>(Must be consistent with current addresses on record)</b>			

4. If this renewal application is for a mobile unit license, give: (Attach separate list if necessary for additional licensed mobile units.)

a. Boundaries of the area in which business is operated: (Include specific addresses if applicable)

\_\_\_\_\_  
\_\_\_\_\_

b. Delaware registration number or other identifying data of the vehicle: \_\_\_\_\_

c. Address of administrative office: \_\_\_\_\_

5. Applicant business is formed as a: \_\_\_Corporation \_\_\_Partnership \_\_\_Sole Proprietorship \_\_\_LLC  
Other (name type) \_\_\_\_\_ State of Formation: \_\_\_\_\_

6. All applicants must provide information regarding their registered agent for service of process in Delaware.
  - (a) Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.
  - (b) Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, Street Address, and Telephone Number of Registered Agent:

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- (c) Provide proof that the licensee is appropriately registered with the federal government as a money service business or provide a written explanation of why you are not required to register.
7. Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, residential address, business address, date of birth, and if a director, date term expires, with this renewal application.
    - (a) Personal resumes and personal financial statements for all **new** principals of the business must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a balance asset/liability statement. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
    - (b) Please provide an updated list of managers of each location to be licensed. Please provide the managers' personal resume of any location manager hired or promoted during 2016. Personal resumes should include a detailed work history.
  8. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company), and a financial statement for the parent company.

9. **SURETY BOND AND/OR LETTER OF CREDIT**

Please indicate which of the following applies:

- \_\_\_\_\_ a) Attached is a copy of our continuous surety bond.
- \_\_\_\_\_ b) Attached is an original continuation certificate extending the validity of our surety bond through and including December 31, 2017 (or later).
- \_\_\_\_\_ c) Attached is an original amendment to our irrevocable letter of credit extending the validity of the LOC through and including December 31, 2019 (or later).
- \_\_\_\_\_ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2019 (or Later).
- \_\_\_\_\_ e) Attached is a brand new, original surety bond valid through and including December 31, 2017 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2019.

10. I (we) certify that I (we) have liquid assets available for the operation of business of at least \$5,000. Attach a current financial statement (balance sheet) and income statement (profit/loss sheet) for the applicant company. **PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.

\_\_\_\_\_  
Principal Officer's Signature

\_\_\_\_\_  
Date

11. Please provide a detailed business plan, including a description of any other business conducted at licensed locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been convicted of a criminal offense **since the last time this information was disclosed? Include past incidents that have only recently come to your attention, such as information about new employees.**

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever used an alias or been known by any other name (other than "maiden/married") **since the last time this information was disclosed?** Yes \_\_\_\_\_ No \_\_\_\_\_

14. Has the applicant or any owner, officer, director, partner, member, employee, or agent of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?** Yes \_\_\_\_\_ No \_\_\_\_\_

15. If the answer to questions 12, 13, or 14 is "yes", please attach a separate page giving details. If the answer to 12 **and/or** 14 is "yes", please provide photocopies of all legal and/or regulatory documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)

16. Reports and Examination Violations.

(a) Please note all outstanding invoices must be paid before a renewal application will be considered for approval.

(b) **If you have been examined by this office and received a report listing violations, please note that you must respond to this office and clear the violations before a renewal application will be considered for approval.**

17. Application Submission Information.

- The yearly license fee of \$200.00 for each licensed location that is not a mobile unit must accompany this application.

- The yearly license fee of \$250.00 for each mobile unit must accompany this application.

- Make checks payable to *State of Delaware* and reference it to "Renewal Fee".

- **Applications received on or before the December 1, 2016 deadline, but without all required fees, will be considered late and treated accordingly.**

- **If you are not renewing a particular licensed location, you must state this in writing on your letterhead.**



I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said company, and that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Full Corporate Name

**Corporate Seal**

\* \_\_\_ Check here if you do not have a corporate seal.

**\*If company has had a seal in the past and no longer has one, please attach an explanation.**

Signed: \_\_\_\_\_  
Principal

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission expires on \_\_\_\_\_.

NOTARY SEAL

CASHING OF CHECKS, DRAFTS OR MONEY ORDERS

Name of Licensee: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment \_\_\_\_\_

Name and Title Telephone #   Extension #

Email Address Fax #

Mailing Address

License Renewal \_\_\_\_\_

Name and Title Telephone #   Extension #

Email Address Fax #

Mailing Address

Examination \_\_\_\_\_

Name and Title Telephone #   Extension #

Email Address Fax #

Mailing Address

Complaints \_\_\_\_\_

Name and Title Telephone #   Extension #

Email Address Fax #

Mailing Address

Public Contact \_\_\_\_\_

Name and Title Telephone #   Extension #

Email Address Fax #

Mailing Address

***Changes in the above contacts must be reported to our office immediately.***