

**APPLICATION FOR EXEMPTION  
FROM THE REQUIREMENTS OF  
THE SALE OF CHECKS AND TRANSMISSION OF MONEY ACT  
CHAPTER 23, TITLE 5, DELAWARE CODE**

**In Accordance with  
§2304(c), Title 5, Delaware Code  
and  
Commissioner's Regulation #2302**

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

FIN or SSN: \_\_\_\_\_

**MUST BE LEGIBLE:**

1. Name of applicant (Please include any trade name):

\_\_\_\_\_

\_\_\_\_\_

2. Contact person, title, address, telephone and fax numbers for application (include extensions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. a. How is applicant organized?

Corporation \_\_\_\_\_ General Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_  
Limited Liability Partnership \_\_\_\_\_ Limited Liability Company \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_

3. b. If organized as a corporation or LLC in a State other than Delaware, provide proof that applicant has registered with the Delaware Division of Corporations.

4. a. Please explain the basis upon which this exemption is being requested (i.e., how does the applicant qualify for an exemption? Include regulatory citation and complete business description, including all affiliated relationships and any specific subsidiary status of the applicant)

---

---

---

---

4. b. If the request for exemption is based upon the applicant's status as a subsidiary of a financial institution regulated by an agency of the U.S., please provide the names and addresses of contacts for the parent institution and the regulatory authority.

---

---

---

---

---

---

5. Please list all addresses to be included in this exemption:

---

---

---

---

---

6. Address where records of transactions and other records will be kept:

---

---

---

7. Please provide a list of all principals of the applicant (to include those with ownership interest, executive officers, and senior management). For individuals, specify full name, title, business and occupation and relationship to the applicant. For commercial entities, specify complete name, type of entity, date organized, State in which organized, address of main office and relationship to applicant.

---

---

---

8. Please provide a balance sheet and income Statement for applicant that is not more than six (6) months old.
9. 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:**

---

---

10. Has the applicant, or any of its principals, ever been arrested, indicted, or convicted of a criminal offense? (other than minor traffic offenses).  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Has the applicant or any of its principals, ever used any alias or been known by any other name?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. Has the applicant or any of its principals, ever had any professional, occupational, or business license denied, suspended, or revoked, or been disciplined in any way by the federal government or any other State?  
Yes \_\_\_\_\_ No \_\_\_\_\_

13. If the answer to 11, 12 or 13 is "yes," please provide details and copies of supporting documentation.
14. If the person who subscribes to this application cannot swear to the truth on behalf of any individual or entity covered in 11 through 13, attach an affidavit by that individual or a principal of that entity.
15. Provide proof that applicant has registered with the federal government as a "money services business."

A non-refundable investigation fee of \$250.00 must be submitted with this application.

**Checks should be made payable to "Office of the State Bank Commissioner."**

**PLEASE NOTE: All exemptions expire December 31 of each year. A renewal application must be submitted no later than 30 days prior to expiration, accompanied by an exemption fee of \$100.00, in accordance with Sections 8.2 and 13.2 of Commissioner's Regulation #2302.**

This application must be signed and sealed (if applicable) by a principal of the applicant, attested to by another principal, and notarized. For applicants with a single principal, notarization is sufficient.

**\*For the purposes of this application, the principals for a corporation are directors and primary officers; for a partnership of any type, individuals or entities owning a partnership interest; for a limited liability company, members, and managers; for a sole proprietorship, the owner.**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_ **Corporate Seal:**

**Print name**

\_\_\_\_\_  
**Title**

**If no seal, check here.** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notarial Officer**

**I hereby certify as a principal of the applicant that the person whose signature appears above is also a principal of the applicant, and is authorized to sign for the applicant and submit this application for exemption.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Title**

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Notarial Officer**

## Licensed Exemption Contact Associates

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

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

### Complaints

\_\_\_\_\_  
Name and Title Phone # and Ext. #

\_\_\_\_\_  
E-mail Address Fax#

\_\_\_\_\_  
Mailing Address

### License Renewal

\_\_\_\_\_  
Name and Title Phone # and Ext. #

\_\_\_\_\_  
E-mail Address Fax#

\_\_\_\_\_  
Mailing Address

### Public Contact

\_\_\_\_\_  
Name and Title Phone # and Ext. #

\_\_\_\_\_  
E-mail Address Fax#

\_\_\_\_\_  
Mailing Address