

FOR OFFICE USE ONLY
License Fee: \$ _____

Check No.: _____

Receipt No.: _____

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

REQUEST FOR ADDITIONAL LOCATIONS

CASHING OF CHECKS, DRAFTS OR MONEY ORDERS LICENSE

In compliance with the requirements of Chapter 27, Title 5, Delaware Code providing for the regulation of the cashing of checks, drafts or money orders:

Name of
Applicant: _____

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for an additional location in accordance with its terms:

1. Contact person and telephone number for application:

Name: _____

Title: _____

Telephone
Number: _____

2. Address of principal office where business is conducted:

No. & Street: _____

City/County/State/Zip
Code: _____

3. Additional locations currently licensed:

4. Address(es) **and** telephone numbers of locations being applied for:

5. Indicate where the financial books and transaction records for additional locations will be maintained.

6. Personal resumes for all managers of the **new** location(s) should be submitted **with** this application.

7. Personal resumes for all **new** principals of the licensee should be submitted **with** this application.

8. A financial statement for all **new** principals of the licensee should be submitted **with** this application.

9. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense? Yes _____ No _____

10. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used an alias or been known by another name? Yes _____ No _____

11. Has the applicant company, you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, revoked, or has any regulator imposed a fine or taken other type of disciplinary action? Yes _____ No _____

12. If the answer to 9, 10, or 11 is "yes", attach a schedule giving details. If the answer to 11 is "yes", please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).

13. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company. If you are a sole proprietor, please also provide a detailed personal financial statement (asset/liability statement).

14. a. A non-refundable investigation fee of \$150.00 *per location to be licensed (not a mobile unit)*, and a license fee of \$200.00 *per location to be licensed (not a mobile unit)* must accompany this application.

b. For mobile units: A non-refundable investigation fee of \$200.00 *per mobile unit to be licensed*, and a license fee of \$250.00 *per mobile unit to be licensed* must accompany this application.

- c. If an application is filed after June 30th, the license fees shall be one-half of those stated above *per location or mobile unit to be licensed*. The investigation fees shall remain unchanged.
- d. **Make checks payable to: State of Delaware.**

Signed: _____

Principal of Licensee

Title & Date

_____ being duly sworn according to the law, deposes and says that he/she is authorized to make this affidavit; that the statements contained in the above application are true and correct. Witness the due execution by the parties hereto and in the case of a corporation or association, under their respected seals this _____ day of _____, 2____.

Individual/Partner/Principal Officer

Corporate Seal
* ___ Please check
if company does not
have a company seal

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

Attest: _____

Principal

Sworn to and subscribed before me this _____ day of

_____, 2_____

Notary Public

My commission expires: _____

NOTARY SEAL