

STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
1110 FORREST AVENUE  
DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

[www.banking.delaware.gov](http://www.banking.delaware.gov)

Fax No. (302) 739-2356

**APPLICATION FOR EXEMPTION FROM THE REQUIREMENTS  
OF THE SALE OF CHECKS AND TRANSMISSION OF MONEY ACT  
CHAPTER 23, TITLE 5, DELAWARE CODE  
Section 2304(c), Title 5, Delaware Code  
and Commissioner Regulation No. 2302**

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

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

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

\_\_\_\_\_

2. Address of principal office:

\_\_\_\_\_

Address	City	State	Zip Code
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\_\_\_\_\_

Telephone #

**(Must be consistent with current address on record)**

3. Application contact person, title, address, email, telephone and fax numbers (include extension):

\_\_\_\_\_

Name	Title	Email address
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\_\_\_\_\_

Address	City	State	Zip Code
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\_\_\_\_\_

Telephone #	Fax #
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4. How is the applicant organized?

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

\_\_\_ Limited Liability Partnership \_\_\_ Sole Proprietorship \_\_\_ Non-Profit Organization \_\_\_

State of Formation \_\_\_\_\_ Date of Formation \_\_\_\_\_

5. 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, all affiliated relationships and any specific subsidiary status of the applicant):

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- b). If the request for exemption is based on the applicant’s status as a subsidiary of a financial institution (parent company) regulated by a federal regulator (Federal Reserve, FDIC, etc.) and/or an out-of-state regulator, please submit the name of the financial institution, type of entity, date organized, state in which organized, address of main office and relationship to applicant:

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- c). Please provide the name(s) and contact information (name, title, address, telephone number and email address) of each state or federal regulatory authorities of the applicant or its parent company. These authorities will be contacted before we can grant the initial exemption or renewal exemption:

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6. Please provide a detailed business plan of activities to be conducted in Delaware.

7. Please list all addresses to be included in this exemption (must designate the main office location). Attach a separate sheet if necessary.

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8. Address(s) where loan files and other records will be kept:

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9. a.) Please provide a list of all principals of the applicant (Executive Officers, Directors or Members). Specify full name, title, business and occupation for each individual.

b.) Please submit a current ownership chart showing direct and indirect ownership of the applicant.

10. Please provide a current Balance Sheet and Income Statement for the applicant (within the last six months).

11. 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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12. 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 \_\_\_\_\_

13. Has the applicant or any of its principals ever used an alias or been known by another name?

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

14. Has the applicant or any of its principals ever had any professional, occupational, or business license denied, suspended or revoked, or been denied access to any lending programs (such as FHA, VA OR hud)?

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

15. If the answer to 12, 13 or 14 is “yes”, please provide details and supporting documentation.

16. If the person who subscribes to this application cannot swear to the truth on behalf of any individual or entity covered in 12 through 14, attach an affidavit by that individual or a principal of that entity.

17. Application Submission Information.

- **All exemptions expire December 31 each year.** A renewal application must be submitted no later than 30 days prior to expiration in accordance with Section 8.2 and 13.2 of Commissioner’s Regulation No. 2302.
- A non-refundable **initial** investigation fee of \$250.00 must be submitted with any **new** application for exemption.
- A **renewal fee** of \$100.00 must be submitted with any renewal application for exemption.
- Please make checks payable to “*State of Delaware*” and reference it as “Renewal Fee.”

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 or 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 and title:**

\_\_\_\_\_

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

**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 and title:**

\_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**Notarial Officer:**

\_\_\_\_\_

**EXEMPTION CONTACTS**Name of Applicant:  

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

Exemption Renewal:

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Name and Title Telephone #/Ext. #

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Email Address Fax #

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Mailing Address

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Complaints:

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Name and Title Telephone #/Ext. #

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Email Address Fax #

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Mailing Address

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Public Contact:

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Name and Title Telephone #/Ext. #

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Email Address Fax #

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Mailing Address

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Primary Contact:

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Name and Title Telephone #/Ext. #

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Email Address Fax #

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Mailing Address

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