

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

Telephone No. (302) 739-4235

www.banking.delaware.gov

Fax No.: (302) 739-2356

**RENEWAL APPLICATION
FOR LICENSE UNDER CHAPTER 23
SALE OF CHECKS AND TRANSMISSION OF MONEY**

Website Address: _____

1. Name of Licensee: _____
FIN or SSN: _____

2. Contact person, title, 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: **The renewal application cannot be used to notify this office of address changes or to apply for a new location.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

Address	City	State	Zip Code	Telephone #
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(Must be consistent with current addresses on record)

4. Additional licensed locations being renewed (not agents):

Address	City	State	Zip Code	Telephone #
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(Must be consistent with current addresses on record)

5. All licensees 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:

6. Licensee is formed as a:

Corporation Partnership Sole Proprietorship
 LLC Other (provide type) _____

State of Formation: _____ Date of Formation: _____

Corporations and LLCs formed outside of Delaware must provide proof that they have registered with the Delaware Division of Corporations.

7. Provide proof that the licensee is appropriately registered with the federal government (FinCEN) as a money service business. All potential MSBs need to provide proof of registration or a written explanation of why they don't have to register.
8. (a) 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, the date term expires.

 (b) Personal resumes and personal financial statements for all **new** principals (including senior management) 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 Sheet and not more than six months old. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
9. 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. If the licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
10. Please provide an updated list of managers of all locations to be licensed. Provide the resume of any location manager hired or promoted after last year's renewal was submitted (or during 2019). Personal resumes should include a detailed work history.
11. Please provide a recent Balance Sheet (**must reflect minimum required net worth in accordance with Chapter 23, Section 2305, Title 5, Del. C.**) and Income Statement for the licensee (within the last six months). **PLEASE NOTE:** Owners of sole proprietorships must also provide detailed personal financial statements.
12. If the licensee's capital stock is owned in whole or in part by a parent company, a recent Balance Sheet and Income Statement (Profit/Loss) must be submitted for the parent (within the last six months).
13. Please provide a detailed Delaware business plan (types of products offered, where Delaware business will be conducted number of employees, marketing, etc.).

Please also provide:

- (a) Highest daily dollar amount projected for one (1) Delaware transaction: \$ _____
- (b) Total daily dollar amount projected for ALL Delaware transactions: \$ _____

14. Please attach the name and address of each designated agent authorized to conduct business for the licensee.

15. **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, 2020 (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, 2022 (or later).
- _____ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2022 (or later).
- _____ e) Attached is a brand new, original surety bond valid through and including December 31, 2020 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2022.

16. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been convicted of 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 _____

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

18. Has the licensee or any owner, officer, director, partner, member, employee, or agent any 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 _____

19. If the answer to questions 16, 17, or 18 is “yes”, please attach a separate page giving details. If the answer to 16 **and/or** 18 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.).

20. Reports, Invoices, and Examination Violations.

- (a) The filing of all reports such as the Report of Delaware Sale of Checks, Drafts and Money Orders Volume must be up to date. Licensees behind on filing will not be considered approved until the missing reports are received by this office.
- (b) Please note all outstanding invoices must be paid before a renewal application will be considered for approval.
- (c) **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.**

21. Application Submission Information.

- This application must be accompanied by a license fee of \$230.00 per location to be licensed (not agents) plus \$4.60 for each location listed in Item 15 (agents) in excess of one.
- The \$4.60 fee shall not apply to any agent which is a state bank, credit union, trust company, national bank or building/savings and loan association.
- Make checks payable to *State of Delaware* and reference it as “Renewal Fee.”
- **Applications received on or before the December 1, 2019, deadline, but without all required fees, will be considered late and treated accordingly.**
- Please provide the following information:

(a) Number of agents qualifying for fee	_____
	x \$4.60
= Total agent fee	_____
(b) Number of Licensed locations	_____
	x \$230.00
=Total fee for licensed locations	_____
(a) + (b) = Total check enclosed	_____

22. Address where records will be kept for examination purposes:

23. Address where actual examination will be conducted:

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the licensee, 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

SALE OF CHECKS AND TRANSMISSION OF MONEY

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 #/Ext. #

Email Address Fax #

Mailing Address

License Renewal:

Name and Title Telephone #/Ext. #

Email Address Fax #

Mailing Address

Examination:

Name and Title Telephone #/Ext. #

Email Address Fax #

Mailing Address

Complaints:

Name and Title Telephone #/Ext. #

Email Address Fax #

Mailing Address

Public Contact:

Name and Title Telephone #/Ext. #

Email Address Fax #

Mailing Address

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

BUSINESS SURVEY

Licensee: _____

Please indicate the types of business in which your company engages under your Delaware Sale of Checks and Transmission of Money license: (check all that apply and return with your completed renewal application)

____ Money Transmission

____ Money Orders

____ Travelers Checks

____ Store Value Cards

____ Accelerated Payment Products

____ Virtual currency
(List types of virtual currency below)

Contact Name, Phone Number and Date