

FOR OFFICE USE ONLY
Invoice Fee: _____
Check No.: _____
Receipt No.: _____

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

**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: _____

1. Name of applicant: _____

(Include all d/b/a's)

FIN or SSN: _____

2. Contact person for application:

Name Title Email address

Street address City State Zip Code

Telephone # Fax#

3. Address of Principal Office:

Address City State Zip Code Telephone #

4. Applicant is formed as a:

____ Corporation ____ Partnership ____ Sole Proprietorship ____ LLC ____ LP ____ LLP
____ Nonprofit organization ____ Other (provide type) _____

State of Formation _____ Date of Formation _____

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

- 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:

- c. 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 approval:

6. Provide a detailed business plan of activities to be conducted in Delaware. (Attach description)

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

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

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

10. Submit a current ownership chart showing direct and indirect ownership of the applicant.

11. Provide a current Balance Sheet and Income Statement for the applicant (within the last six months).

12. Applicant must provide information regarding its Registered Agent for service of process in Delaware by designating an individual resident in this State or a business authorized to transact business in this State, provided the designee is located in Delaware. Applicant's Registered Agent must comply with the State's Registered Agent requirements set forth in Section 132(b) and (c), Title 8 of the Delaware Code, and any regulations promulgated thereunder. Applicant must immediately notify the Office of the State Bank Commissioner in writing of any changes to its Registered Agent designation.

Name, street address and telephone number of Registered Agent (must be located in Delaware):

13. 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 _____

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

Yes _____ No _____

15. 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 _____

16. If the answer to 13, 14 or 15 is “yes”, please provide details and supporting documentation.
17. If the person who subscribes to this application cannot swear to the truth on behalf of any individual or entity covered in 13 through 15, attach an affidavit by that individual or a principal of that entity.
18. Provide proof that the applicant is appropriately registered with the federal government (**FinCEN**) as a money service business. All potential MSB’s need to provide proof of registration or a written explanation of why they don’t have to register.
19. **Application Submission Information.**

A non-refundable investigation fee of \$250.00 **must** accompany this **initial** exemption application. **Please make checks payable to *State of Delaware*.**

The exemption expires 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.

If you have any questions regarding this application, please contact our licensing department at (302) 739-4235.

This application must be signed and sealed (if applicable) by a principal of the applicant, attested to by another principal and notarized. In case of an applicant with a single principal, having that signature notarized will suffice.

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.

**SEE ATTACHED AUTHORIZATION AND RELEASE FORM AND
CERTIFICATION OF AGENT**

Name of Applicant: _____

(Signature)

(Print Name)

(Title)

(Date)

CORPORATE SEAL

If no seal, check here _____

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

(Signature)

(Print Name)

(Title)

(Date)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

NOTARY SEAL

EXEMPTION CONTACTS

Name of Applicant: _____

EMPLOYER IDENTIFICATION NUMBER: _____

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

Exemption Renewal:

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

Primary Contact:

Name and Title Telephone #/Ext. #

Email Address Fax #

Mailing Address

Changes in the above contacts must be reported to our office