# 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 27 CASHING OF CHECKS, DRAFTS OR MONEY ORDERS

· ·	Website Address:			
Name of Licensee:				
FIN or SSN:				
Contact person, title, a	and phone number for application	on:		
Name/Title	Telephone Number/l	Extension	Fax No.	Email address
icensed locations. Th	ffice where Delaware business ne renewal application cannot d offices. Please contact this can be offices.	t be used to not	ify this office of a	ddress changes or to
No. & Street	City	State	Zip Code	Telephone #
	( N / 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
	(Must be consistent with	current addre	sses on record).	
Additional licensed lo	(Must be consistent with cations being renewed:	current addre	sses on record).	
	•	State	Zip Code	Telephone #
No. & Street	City  City	State	Zip Code Zip Code	Telephone #
No. & Street	cations being renewed:  City	State	Zip Code Zip Code	<u> </u>
No. & Street No. & Street If this renewal applica	City  City	State State current addre	Zip Code Zip Code sses on record).	Telephone #
No. & Street  No. & Street  If this renewal applica mobile units.)	City  City  (Must be consistent with	State State current addre	Zip Code Zip Code sses on record). separate list if nece	Telephone # essary for additional lice
No. & Street  No. & Street  If this renewal applica mobile units.)	City  City  (Must be consistent with tion is for a mobile unit license	State State current addre	Zip Code Zip Code sses on record). separate list if nece	Telephone # essary for additional lice
No. & Street  No. & Street  If this renewal applica mobile units.)	City  City  (Must be consistent with tion is for a mobile unit license	State State current addre	Zip Code Zip Code sses on record). separate list if nece	Telephone # essary for additional lice
No. & Street  No. & Street  If this renewal applica mobile units.)  (a) Boundaries of the	City  City  (Must be consistent with tion is for a mobile unit license	State State Current addre e, give: (Attach rated: (Include	Zip Code Zip Code sses on record). separate list if necesspecific addresses	Telephone # essary for additional lice if applicable)

Ó.	Licen	see is formed as a:			
		Corporation LLC	Partnership Other (provide type)	Sole Proprietorship	
	Sta	te of Formation:	Date of I	Formation:	
7.	All lic	censees must provide	information regarding their Regis	tered Agent for service of process	in Delaware.
	(a)	another business au	ed in Delaware may designate the thorized to transact business in this Section 132(a), Title 8 of the Dela	s State provided the designee is lo	
	(b)	another business au	ed in locations other than Delawar athorized to transact business in thi Section 371(b)(2), Title 8 of the D	s State provided the designee is lo	
		Name, Street Addre	ess and Telephone Number of Regi	istered Agent:	

8. Provide proof that the licensee is appropriately registered with the federal government (FinCEN) as a money service business or provide a written explanation of why you are not required to register.

NOTE: If you are cashing checks over \$1,000 in value, you must be compliant with all items listed in the attached Addendum (page 6) concerning Anti-Money Laundering Programs for Money Services Businesses (MSB's), and Standards for Safeguarding Customer Information. A copy of all procedures or items requested in the Addendum must be submitted for review with your renewal application.

- 9. (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 <u>new</u> 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. <u>Tax forms, credit bureau histories, and statements of net worth will not be accepted.</u>
- 10. 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).

11.	manager hired or promoted after last year's renewal was submitted (or during 2022). Personal resumes should include a detailed work history.					
12.	Attach a current financial statement (Balance Sheet) and Income Statement (Profit/Loss Statement) for the licensee PLEASE NOTE: Owners of sole proprietorships must also provide a detailed personal financial statement.					
	I (we) certify that I (we) have liquid assets available for the operation of business of at least \$5,000.					
	Principal Officer's Signature Print name Date					
13.	If the licensee's capital stock is owned in whole or in part by a parent company, a recent Balance Sheet and Incom Statement (Profit/Loss) must be submitted for the parent (within the last six months).					
14.	Please provide a <u>detailed business plan</u> including a description of any other business conducted at licensed locations.					
	(a) Highest daily dollar amount projected for one (1) Delaware cashed check: \$					
	(b) Highest daily dollar amount projected for <u>all</u> Delaware cashed checks: \$					
15.	<ul> <li>SURETY BOND AND/OR LETTER OF CREDIT</li> <li>Please indicate which of the following applies:</li> <li></li></ul>					
16.	Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been convicted of a 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.  YesNo					
17.	Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever used an alias or been known by any other name (other than "maiden/married") since the last time this information was disclosed? YesNo					
18.	Has the licensee or any owner, officer, director, partner, member, employee, or agent of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taker other type of disciplinary action since the last time this information was disclosed as part of an application process? YesNo					
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 and Examination Violations.
  - (a) Please note all outstanding invoices must be paid before a renewal application will be considered for approval.
  - (b) 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.
  - The yearly license fee of \$200.00 for each licensed location that is **not** a mobile unit must accompany this application.
  - The yearly license fee of \$250.00 for each mobile unit must accompany this application.
  - Make checks payable to *State of Delaware* and reference it as "Renewal Fee."
  - Applications received on or before the December 1, 2022, deadline, but without all required fees, will be considered late and treated accordingly.
  - If you are not renewing a particular licensed location, you must state this in writing on your letterhead.

Address whe	re actual examin	nation will be	conducted:		
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Address whe	re actual examin	nation will be	conducted:		
Address whe	re actual examin	nation will be	conducted:		

	omit this application for licensure on behalf of the licensee, in my role ion contained herein is true and correct to the best of my knowledge
	Full Corporate Name
Corporate Seal	
* Check here if you do not have a corporate sea	ıl.
*If company has had a seal in the past and no lo	nger has one, please attach an explanation.
	Signed:Principal
	Principal
Sworn to and subscribed before me this	day of2
	Signature of Notary Public
My Commission expires on	

NOTARY SEAL

## <u>Check Casher, Drafts, or Money Orders</u> <u>Delaware License under Chapter 27, Title 5, Del. C.</u> Addendum to Application

### Required financial recordkeeping for cashed checks over \$1,000

The Applicant/Licensee must establish and maintain the following information to comply with Financial Recordkeeping and Reporting of Currency and Foreign Transactions when applying for a new license or renewing a license in Delaware:

#### 31 CFR Chapter X – Financial Crimes Enforcement Network (finCEN), Department of the Treasury

#### Anti-money laundering programs for money services businesses (MSB's)

Section 1022.210(a)	Develop, implement and maintain an effective anti-money laundering program	
Section 1022.210(b)	The program must be equal with the risks posed by the location, size, nature and volume of the MSB	
Section 1022.210(c)	The program must be <u>in writing</u> and copies must be available for review by the Department of the Treasury	
Section 1022.210(d) (1)	<ul> <li>The program must include policies, procedures and internal controls:</li> <li>Verifying customer identification</li> <li>Filing reports</li> <li>Creating and retaining records</li> <li>Responding to law enforcement requests</li> </ul>	
(2)	Designate a person responsible for day-to-day compliance with the program and Chapter	
(3)	Educate and train responsible personnel(s) of their responsibilities to detect suspicious transactions and the required reporting requirements under the program	
(4)	Provide an independent review to monitor and maintain an adequate program (cannot be performed by the compliance officer)	
Section 1022.210(e)	Develop and implement an AML program in compliance with this section on/before July 24, 2002, and by the end of 90 days after the business is established	

#### Standards for safeguarding customer information

The applicant must advise the Office of the State Bank Commissioner of policies and procedures developed and implemented to safeguard customer information in accordance with Gramm-Leach-Bliley Act 16 CFR - Part 314

#### CASHING OF CHECKS, DRAFTS OR MONEY ORDERS

Name of Licensee:		
EMPLOYER IDENTIFIC	ATION NUMBER:	
A contact and all requested	d information must be provided for each	n 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.