

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

**RENEWAL APPLICATION  
FOR LICENSE UNDER CHAPTER 27  
CASHING OF CHECKS, DRAFTS OR MONEY ORDERS**

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

1. Name of Licensee: \_\_\_\_\_  
FIN or SSN: \_\_\_\_\_

2. Contact person, title, and 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: Attach separate list if necessary for additional licensed locations. **The renewal application cannot be used to notify this office of address changes or to apply for new licensed offices.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

No. & Street	City	State	Zip Code	Telephone #
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**(Must be consistent with current addresses on record).**

4. Additional licensed locations being renewed:

No. & Street	City	State	Zip Code	Telephone #
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No. & Street	City	State	Zip Code	Telephone #
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**(Must be consistent with current addresses on record).**

5. If this renewal application is for a mobile unit license, give: (Attach separate list if necessary for additional licensed mobile units.)

- (a) Boundaries of the area in which business is operated: (Include specific addresses if applicable)

\_\_\_\_\_  
\_\_\_\_\_

- (b) Delaware registration number or other identifying data of the vehicle: \_\_\_\_\_

- (c) Address of administrative office: \_\_\_\_\_

6. Licensee is formed as a:

☐ Corporation      ☐ Partnership      ☐ Sole Proprietorship  
☐ LLC      ☐ Other (provide type) \_\_\_\_\_

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

7. 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:

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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 **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.**
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. 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 2023). 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.**

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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 Income Statement (Profit/Loss) must be submitted for the parent (within the last six months).
14. Please provide a detailed business plan including a description of any other business conducted at licensed locations.

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- (a) Highest daily dollar amount projected for one (1) Delaware cashed check: \$\_\_\_\_\_
- (b) Highest daily dollar amount projected for all Delaware cashed checks: \$\_\_\_\_\_

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, 2024 (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, 2026 (or later).
- \_\_\_\_\_ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2026 (or later).
- \_\_\_\_\_ e) Attached is a brand new, original surety bond valid through and including December 31, 2024 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2026.
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.**  
Yes \_\_\_\_\_ No \_\_\_\_\_
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?** Yes \_\_\_\_\_ No \_\_\_\_\_
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 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 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, 2023, 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.**

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

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## 23. Address where actual examination will be conducted:

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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

**Check Cashier, Drafts, or Money Orders**  
**Delaware License under Chapter 27, Title 5, Del. C.**  
**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)                 | The program must include policies, procedures and internal controls: <ul style="list-style-type: none"> <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 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.***