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

RENEWAL 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 renewal 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 renewal exemption approval:

_____

_____

_____

_____

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

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

_____

_____

_____

_____

_____

8. Address(s) where loan files and other records are 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. 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 (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 renewal fee of $100.00 **must** accompany this **renewal** 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.

A renewal application submitted less than 30 days in advance of the exemption's expiration shall be treated as a new application for an exemption and shall be subject to the investigation fee of $250.00 in accordance with Section 13.3 of Commissioner's Regulation No. 2302.

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

This renewal 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 renewal 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 renewal 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 renewal application for exemption.

_____
(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