

**APPLICATION FOR LICENSE  
AS A CHECK CASHER**

**(Before filling out this form read the instructions carefully. All answers should be printed or typed. If additional space is required to complete any statement, prepare and annex a rider. Write "none" or "not applicable" (N/A), where appropriate.)**

\_\_\_\_\_, 20 \_\_\_\_\_

**To The Superintendent of Banks of the State of New York:**

The undersigned, desiring to engage in business as a Check Casher pursuant to the provisions of Article IX-A of the Banking Law of the State of New York, does hereby make application for a license in accordance with its terms.

1. State the name of the applicant. Include any trade name, under an assumed name (UAN) or doing business as (DBA) name, as applicable:

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

**Type of Application:** (Check type)

De Novo (new licensee)	<input type="checkbox"/>	Change of Control	<input type="checkbox"/>
Branch	<input type="checkbox"/>	Relocation	<input type="checkbox"/>

**Type of Applicant:** (Check type of entity in which business will be conducted)

Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>
Association	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>

2. (a) Provide the complete address where the applicant proposes to conduct business as a licensed casher of checks.

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

(b) Provide the census tract number: \_\_\_\_\_.

(c) The principal place of business (headquarters/main office) of the applicant is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(d) The applicant's books and records are available for examination by the Banking Department at \_\_\_\_\_  
\_\_\_\_\_

3. The applicant was formed under the laws of the State of \_\_\_\_\_  
on \_\_\_\_\_20\_\_\_\_.

Please attach the following documents, as applicable:

- a) If the applicant is a corporation - a copy of the Certificate of Incorporation, including any amendments.
- b) If the applicant is a limited liability company - a copy of the Articles of Organization.
- c) If the applicant is a partnership - a copy of the Partnership Certificate.
- d) If the applicant is conducting business under an assumed name - an Assumed Name Certificate.
- e) If applicant is a foreign entity - include a copy of its authority to do business in NYS.
- f) A copy of the Corporate By-Laws, Operating Agreement, or Partnership Agreement as applicable.
- g) Provide a copy of any filing receipt(s).

See instructions for applicable incorporation/organization documents that must be submitted along with the application.

4. Please submit a business plan with the application.

5. Please submit a community need study for the area surrounding the proposed location to be licensed.

6. The following information is required of the applicant, individuals with an ownership interest and a designated contact individual(s). The information provided should include: company website, contact name, title, telephone numbers, fax number(s), e-mail address(es) and mailing address(es). \_\_\_\_\_  
\_\_\_\_\_

Provide supplemental pages as needed.

7. A pro forma balance sheet as of the start of business.

<u>Assets</u>		<u>Liabilities/Equity</u>	
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
		Notes Payable	\$ _____
Cashed Checks on Hand	\$ _____	Short Term Loans	\$ _____
Short Term Investments	\$ _____	Total Current Liabilities	\$ _____

Total Current Assets	\$ _____	Long Term Loans	\$ _____
Other assets	\$ _____	Other Liabilities	\$ _____
		Total Liabilities	\$ _____
		Total Equity	\$ _____
Total Assets	\$ _____	Total Liabilities and Equity	\$ _____

8. Please provide a projected income and expense statement for the first year of operation.

9. Capital Structure of Applicant

Ownership % Authorized	Number of Shares Authorized (if a corporation)	Par or Estimated Value	Number of Shares or % Outstanding

10. Provide the name and address of each of the applicant's officers, directors, shareholders, associates and/or agents. Use additional pages if necessary.

Name	Address	Title/Position	Number of Shares Held or % of ownership

11. Provide the name and address of each of the applicant's other employees. Use additional pages if necessary.

Name	Address	Position	Date Employed

12. (a). Additional financing for the proposed check cashing business will be provided by:

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(b). Please submit a credit facility letter showing an existing right of access to a line of credit in an amount of not less than \$100,000, per licensed location, provided by a banking institution or similar credit facility approved by the Superintendent. The letter should state whether the line of credit is secured or not and if so, the nature of collateral should be described. Additionally, the letter should include if there are any guarantors, who they are and when the line is to expire.

13. List the name and address of each of the applicant's branches (b), subsidiaries (s) or affiliates (a). In the "Type" column indicate (b), (s) or (a), as appropriate.

Name	Address	Type

14. In addition to check cashing, the applicant plans to offer the following services:

	Yes / No	Acting as an Agent of:
Sale of Money Orders:		
Utility Bill Payments:		
Wire Transmission:		
Other Services (detail):		

(If the applicant plans to sell money orders, accept utility bill payments and/or transmit funds as an agent of a licensed money transmitter, the applicant must complete and submit a Money Transmission Agent Application for each money transmission agency to be established. The agent application is included in this package. Refer to Superintendent's Regulation Section 400.12 for details.)

15. Please provide a diagram and dimensions of the floor plan of the proposed location as certified by an architect, building engineer or surveyor, licensed in New York State (NYS). If the proposed check cashing facility is part of a larger shared space/location/building, provide the dimensions of the check casher within the overall floor plan. The check cashing facility must be at least 480 square feet.

16. Please include a copy of the title certificate, lease or letter from the owner/rental agent indicating that the applicant has obtained (or will obtain) possession of the proposed location for a minimum term of three years.

17. Please include a notarized statement stating that the location is in compliance with local zoning regulations.
18. Please include a notarized statement stating that the proposed location will not be closer than one thousand five hundred eighty-four feet (three-tenths of a mile) from an existing retail check casher. Such distance shall be measured on a straight line along the street between the nearest point of store fronts of check cashing facilities.
19. Please submit a notarized statement stating that the business will abide by and establish procedures to ensure compliance with the privacy provisions of Title 5 of the Gramm-Leach-Bliley Act of 1999 and the regulations promulgated thereunder by the Federal Trade Commission, which are found in 16 CFR Part 313.
20. Please submit a notarized statement stating that the business will abide by the provisions of the USA PATRIOT Act, which requires that all check cashers must establish internal anti-money laundering programs that include: policies, procedures and internal controls; an employee training program; an independent audit function and the designation of an employee as the compliance officer. Be sure to state the full name of the employee so designated.
21. Please submit a notarized statement stating that the primary business, at the location to be licensed, shall be financial services.
22. Please provide evidence of Worker's Compensation, NYS Disability Insurance coverage and Group Utility Bond coverage of \$100,000 per location.
23. Please submit a background report for every individual with an ownership interest in the applicant, every officer (including the compliance officer) and every other individual who has managerial or supervisory responsibilities.

**(Note: Answer "Yes" or "No" to the following questions 24 through 31. For all "Yes" answers attach a separate statement giving complete details.)**

24. Does/Did any relative (by blood or marriage) of any officer, director, stockholder, associate, agent or employee of the applicant have an interest in any licensed casher of checks?

**(Yes/No)** \_\_\_\_\_

25. Has any relative (by blood or marriage) of any officer, director, stockholder associate, agent or employee of the applicant heretofore applied for a license to engage in business as a licensed casher of checks?

**(Yes/No)** \_\_\_\_\_

26. Has any officer, director, stockholder, associate, agent or employee ever been arrested or indicted for any felony or other crime in any jurisdiction?

**(Yes/No)** \_\_\_\_\_

27. Has any director, officer or stockholder, associate, agent or employee ever been convicted (including any conviction based on a plea of guilty and any conviction on which sentence has been suspended) of any felony or other crime in any jurisdiction: (If "Yes", provide the name of the person or entity convicted, date of conviction, place of conviction, crime(s) and sentence, or other disposition.)

**(Yes/No)** \_\_\_\_\_

28. Has any director, officer, stockholder, associate, agent or employee ever been known by any name other than the name presently being used?

**(Yes/No)** \_\_\_\_\_

29. Does any person, other than those listed herein, have any interest in the business to be licensed?

**(Yes/No)** \_\_\_\_\_

30. (a) Has the applicant, any director or stockholder ever been licensed in the financial services industry in any State? (If "Yes", separately detail the person(s) involved, State(s)/issuing agency, other regulators, type of license issued, status of the license, name of licensee, licensed period and licensed location):

**(Yes/No)** \_\_\_\_\_

(b) Was any license suspended or revoked? (If "Yes", separately provide the date of suspension or revocation and a full explanation of the circumstances.)

**(Yes/No)** \_\_\_\_\_

31.(a) Has the applicant, any director or stockholder ever engaged in the business of commercial, small loan or payday lending in any state, whether licensed or not? (If "Yes", separately detail the name of each individual or entity engaged in these lending activities. If licensed, include the licensed period, licensed location, and name and address of licensing agency.)

**(Yes/No)** \_\_\_\_\_

(b) Was any such license suspended or revoked? (If "Yes", separately provide the date of suspension or revocation and a full explanation of the circumstances.)

**(Yes/No)** \_\_\_\_\_

32. The following material must be submitted for each individual listed in questions 10 and 11 who has not been previously registered with the New York State Banking Department:
- a) a set of completed fingerprint cards;
  - b) a receipt indicating where these fingerprints were taken;
  - c) a check payable to the "Superintendent of Banks - Fingerprints" for each set of fingerprints filed; and
  - d) two passport-style photographs of the individual, measuring not more than 2" x 2" .
33. Enclosed is a check, payable to the "Superintendent of Banks" for \$\_\_\_\_\_ representing the application investigation fee. (This amount is non-refundable.)

\_\_\_\_\_  
 (Name of applicant)

By: \_\_\_\_\_  
 Name of Authorized Representative

\_\_\_\_\_  
 Title of Authorized Representative

Witness \_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Print Name of Witness

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ }

ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known or satisfactorily proven, who, being duly sworn, according to law, did depose and say that he/she resides at \_\_\_\_\_; that he/she is the authorized representative of the entity described herein and who executed the above instrument on its behalf; that he/she has read the foregoing instrument and knows the contents thereof; and that the same are true and complete.

\_\_\_\_\_  
 Notary Public

**AFFIDAVIT**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The undersigned, \_\_\_\_\_, being duly  
(Name)

sworn, depose and state that:

- a. I am the of \_\_\_\_\_ of \_\_\_\_\_  
(Authorized Representative ) (Name of Entity)
- b. In my capacity as such, I have submitted the above application.
- c. No person other than those listed above will have any interest or invest any funds or share in the management or profits of the entity.
- d. All statements in the foregoing application are true, correct and complete to the best of my knowledge.
- e. I understand that false statements made under oath in this application may result in the suspension or revocation of this check cashing license.

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Notary Public)

## FINANCIAL STATEMENT

NAME \_\_\_\_\_  
 (APPLICANT, OFFICER, DIRECTOR, STOCKHOLDER OR INDIVIDUAL, AS APPLICABLE)

ADDRESS \_\_\_\_\_

To: THE BANKING DEPARTMENT, STATE OF NEW YORK

The undersigned make(s) the following statement of all (my)(our)(its) assets and liabilities at the close of business of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY.

### ASSETS

### LIABILITIES AND NET WORTH

Cash on Hand and in Banks (Sch 1)		Notes Payable Banks (Sch 1)	
Finance Agreements		Notes Payable Others (Sch 4)	
Finance Agreements - Pledged		Due to Principals (Sch 4)	
Notes Receivable			
Notes Rec., Discounted		Accounts Payable	
Accts and Loans Receivable		Accrued Expenses Payable	
Cash		Accrued Interest Payable	
Securities (Sch 2)		Accrued Taxes and Asses Pay.	
Due from Part, Stkhrs, Off, Empl.		Brokers Margin Account Pay	
Inv. And Adv. - Affil. Or Subsid. Co.		Mortgages Payable (Sch 3)	
Mortgages Owned		Unearned Income	
Real Estate (Sch 3)		Valuation Reserve - Bad Debts	
Furn, Fix, and Equip (Net of Depreciation)		Valuation Reserve - Contingencies	
Other Assets (Itemize)		Other Liabilities (Itemize)	

		Total Liabilities	
		Preferred Stock	
		Common Stock	
		Surplus	
		Net Worth (Indiv. Or Part.)	
Total Assets		Total Liabilities and Net Worth	

**SUPPLEMENTARY SCHEDULES**

Sch. 1. Banking Relations (A list of all bank accounts, including savings)

Name and Address of Bank	Balance	Loans, if any	Endorsed, Guaranteed or Secured

Sch. 2. Securities Owned (Stocks, Bonds, etc., but not mortgages)

Par Val. or Shs.	Description	Cost	Pres. Mkt. Value	To Whom Pledged

Sch.3. Real Estate Owned - Mortgage Payable

Location and Description	Cost	Asses. Value	Estimated Value	Mortgage Balance	Maturity

Sch.4. Notes Payable - Due to Principals (Partners, Stockholders, Officers and Others)

Due To	Amount	Due Date	Due To	Amount	Due Date

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CONTINGENT LIABILITY. The undersigned has (have) no contingent liabilities as endorser, guarantor, or otherwise, except the following: (Give details.)

SUITS, JUDGMENTS AND OTHER LEGAL ACTIONS. There are no suits, judgments, or other legal actions outstanding or pending against the undersigned and to the best of the undersigned knowledge no legal actions are to be started against the undersigned, except as follows: (Give details.)

PLEDGE ASSIGNMENT, AND TRANSFER OF TITLE OR ASSETS. As of the date of the statement of assets and liabilities, included in this financial statement, the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any of the assets as listed above, except as noted in the various schedules of this financial statement; and the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any such assets, except as follows: (Give details.)

INSURANCE COVERAGE. - Fidelity Bond: Partners, Officers, Employees \$ \_\_\_\_\_ ;  
Indemnity Coverage: Robbery and Holdup \$ \_\_\_\_\_ ; Burglary \$ \_\_\_\_\_ ;  
Misplacement \$ \_\_\_\_\_ ; Forgery \$ \_\_\_\_\_ ; Errors and Omissions \$ \_\_\_\_\_ ;  
Public Liability \$ \_\_\_\_\_ ; Fire Insurance: Furn., Fix., and Equip. \$ \_\_\_\_\_ ;  
Other Insurance (describe):

ACCOUNTING DATA. - If books are kept or audited please give name of accountant \_\_\_\_\_ ;  
Indicate if Certified Public Accountant \_\_\_\_\_ ; Frequency of Audits \_\_\_\_\_ ; Date  
of Last Audit \_\_\_\_\_ ; Date of Fiscal Year-End \_\_\_\_\_ ; Did the accountant prepare the financial  
statement submitted herewith? \_\_\_\_\_ Are the figures shown the same as the auditor's figures? \_\_\_\_\_  
If not, how do the figures differ (give details):

The undersigned has (have) carefully read the foregoing statements, and all printed and written matter therein, and hereby certifies that all the statements are known to me (us) to be true and give a correct showing of the undersigned financial conditions, and that the undersigned has (have) no liabilities, direct, or contingent, business or accommodation, except as set forth in said complete statement, and that the legal and equitable title to all assets therein set forth is in the name of the undersigned solely, except as otherwise noted therein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Name of individual or partnership

Note: Where there is no written partnership agreement all the partners should sign. By: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation  
By: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

THIS FORM MAY BE REPRODUCED



Place of Birth:  
If Deceased, Date and Place of Death:

Place of Birth:  
If Deceased, Date and Place of Death:

8. Service in Armed Forces

(a) Have you ever served in the Armed Forces of the United States? Yes ( ) No ( )

If yes, branch of Armed Forces \_\_\_\_\_

(b) Date of entry to active service \_\_\_\_\_

(c) Date released from active service \_\_\_\_\_

(d) Service serial number \_\_\_\_\_

(e) Have you ever received a discharge from the U.S. Armed Forces which was other than honorable? Yes ( ) No ( )

If yes, please provide a full explanation, including the type of discharge, and when and where issued.

9.

Education Awarded	Name and Address of School	Dates of Attendance	Major Area of Study	Degree Granted and Date
High School				
College, University (Undergraduate)				
College, University (Graduate)				
Professional or Technical School				

10. Have you a license to practice any profession: Yes ( ) No ( )

If "yes" give details:

(a) Nature of License: \_\_\_\_\_

(b) Date Issued \_\_\_\_\_ Number of license (if any): \_\_\_\_\_

(c) Licensing Agency and Address: \_\_\_\_\_

\_\_\_\_\_

11. Employment Record (for the fifteen year period preceding date of present application) (Use additional sheets if necessary) account for all gaps in employment.

Name & Address of Employer	Dates of Employment	Position Held & Duties	Immediate Supervisor	Reason for Leaving

12. If self-employed, describe each enterprise, including the name, address, state of incorporation, your percentage of ownership and the type of business of each corporate or other entity which you own or control. (Control means ownership of 10% or more of the stock or the ability to effectively control the management of the corporation or other entity.)

List names, addresses and percentage of control and/or ownership of other incorporators, partners, directors or officers of the entity referred to above.

13. Are you employed in any professional capacity, or do you perform any services for or have any business connections with any institution which is subject to the supervision of the Banking Department, or any agency or authority of the State of New York?

Yes	No
( )	( )

If "yes", indicate name of institution, address and nature of your work.

14. Have you had, or do you now have, any financial interest, direct or indirect, in any institution under the supervision of any authority or agency in New York State, or any other state?

Yes	No
( )	( )

If "yes", give name of institution, address and nature of interest.

15. References: (a) List the names and addresses of three personal references who can attest to your character, fitness and reputation. (State how long you have known each person; do not include relatives or current business associates.)

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- (b) List the names and addresses of three professional references who can attest to your character, fitness, reputation, professional competence and business skills.

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16. List outstanding debts in excess of \$10,000. (Use additional sheets if necessary.)

Name and Address of Creditor	Account Number	Credit Limit Amount	Balance Outstanding

17. Respond to any of these questions if they apply to you as an individual, or as partner, director or officer of the applicant.

Except for minor traffic violations:

- |  | Yes | No  |
|--|-----|-----|
| (a) Are any arrests, indictments, criminal information or other criminal proceedings now pending against you?  | ( ) | ( ) |
| (b) Were you ever convicted for any violation of law?  | ( ) | ( ) |
| (c) Have you or has any partnership of which you were a member or any corporation of which you were a principal officer or major stockholder ever been adjudged a bankrupt or involved in a civil action either as a defendant or plaintiff? | ( ) | ( ) |
| (d) Have you ever initiated or been named in any administrative or disciplinary proceedings?   | ( ) | ( ) |
| (e) Has your salary ever been garnished?   | ( ) | ( ) |

If your answer to any of the above questions is "Yes", on a separate sheet of paper list, the dates, name and location of the court of jurisdiction or administrative agency and a brief description of each action or charge and its disposition. Report all legal actions, regardless of disposition.

- |  | Yes | No  |
|--|-----|-----|
| 18. Has any enterprise in which you were a partner, director or officer been the subject of federal or state administrative proceedings, criminal indictment, criminal information or other criminal proceeding? | ( ) | ( ) |

If your answer is "Yes", on a separate sheet of paper provide a description of each administrative or disciplinary proceeding and its disposition. Report all matters, regardless of disposition.

19. Have you and any enterprise in which you are a partner filed required federal, state and local tax returns for the previous three calendar years? ( ) ( )

If your answer is "no", on a separate sheet of paper, please explain the circumstances and include the date on which any applications for extension have been filed.

The undersigned affirms, that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York State Banking Department to make any inquiry it deems appropriate in connection with processing this questionnaire. FALSE WRITTEN STATEMENTS IN THIS QUESTIONNAIRE ARE PUNISHABLE UNDER SECTION 210.45 OF THE NEW YORK PENAL LAW (making a punishable false written statement) and also will be sufficient cause for denial of a license or charter by the New York State Banking Department.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any duly authorized representative of The New York State Banking Department (NYSBD) bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to any professional license awarded to me (including any grievance records), employment, military, educational records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, and law enforcement records (including, but not limited to any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the NYSBD. Consent is granted for the NYSBD to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, your employers, officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I understand that the NYSBD will use the number only to assist the superintendent in making a determination as to whether I meet the standards set forth in the banking law for receiving the charter, license or registration for which I am applying. Should there be any question as to the validity of this release, you may contact me as indicated below:

I have read the above release and agree to the terms and conditions therein.

Date: \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

(if required)

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CPA/Bar Membership(s) State \_\_\_\_\_

Registration Number \_\_\_\_\_

Full Name: \_\_\_\_\_

(Signature)

Full Name \_\_\_\_\_

(Type or Printed)

(include maiden and any other previously-used name)

STATE OF \_\_\_\_\_ }

SS.:

COUNTY OF \_\_\_\_\_ }

Before me, a Notary Public in and for said County and State, personally appeared the above named individual, \_\_\_\_\_ who acknowledged that \_\_\_\_\_ did sign the foregoing instrument and that the same is \_\_\_\_\_ free and voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand at \_\_\_\_\_

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**TAXPAYER IDENTIFICATION INFORMATION**

Disclosure of this information by you is mandatory in order to complete the processing of your application. The authority to request personal information from you, including identifying numbers, and the authority to maintain such information from you, including identifying numbers, and the authority to maintain such information is found in Section 5 of the Tax Law. The principal purpose for which the information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by the Tax Law.

**(Print or Type information) (This form may be reproduced as necessary)**

1. Social Security Number (complete only if applicant is an individual. A separate form must be completed for each partner, associate, or corporation).

\_\_\_\_\_

2. Employer Identification Code (for reporting wages of employees)

\_\_\_\_\_

3. Legal Name (individual, partner or associate)

\_\_\_\_\_

4. Trade Name (doing business as, D/B/A, in the license or application)

\_\_\_\_\_

5. Street Address of Business (to be licensed or authorized)

6. City \_\_\_\_\_
7. State \_\_\_\_\_

8. Zip and 4 Digit Code \_\_\_\_\_

9. County \_\_\_\_\_

**CERTIFICATION  
BACKGROUND REPORT**

Re: \_\_\_\_\_  
(Subject of Report)

I, \_\_\_\_\_, do certify that a background  
report on \_\_\_\_\_,  
(Name)

\_\_\_\_\_ of \_\_\_\_\_  
(Title, if applicable) (Applicant's Name)

was ordered from \_\_\_\_\_  
(Name of Private Investigator)

on, \_\_\_\_\_. If ordered by telephone, the report  
(Date Report Was Ordered)

was ordered from \_\_\_\_\_.  
(Name of Person Taking Order)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**COMPLETED FORMS SHOULD BE SUBMITTED DIRECTLY TO THE BANKING DEPARTMENT**

**LITIGATION AFFIDAVIT- Individual**

STATE OF NEW YORK,

}

}

}

}

**ss:**

County of

I, \_\_\_\_\_, being duly sworn, depose and say:

That there are no arrests, indictments, criminal information or other criminal proceedings now pending against me as an individual, partner, stockholder, director or officer of a corporation; that I have never been convicted of a crime in any jurisdiction in any of these capacities, that I have never been sued nor has any judgment been obtained against me in any of these capacities in any civil action in any jurisdiction; and that I have never been the subject of any administrative or disciplinary proceedings initiated by a regulatory or governmental agency in any of these capacities.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

**LITIGATION AFFIDAVIT – Licensee/Applicant**

I, \_\_\_\_\_, the \_\_\_\_\_ of  
(Print or type name) (Title)

\_\_\_\_\_ ,

being duly sworn, depose and say:

There are no indictments, criminal information or other criminal proceedings now pending against the licensee/applicant, that it has never been sued nor has any judgment been obtained against it in any civil action in any jurisdiction; and that it has never been the subject of any administrative or disciplinary proceedings initiated by a regulatory or governmental agency except as noted below.

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

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
Notary Public

**COMPLIANCE AFFIDAVIT**

Licensee: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

The undersigned, \_\_\_\_\_, being duly sworn, depose and say that:  
(Name)

1. The use of the proposed location as a licensed cashier of checks is in compliance with local zoning regulations.
2. The proposed location is not closer than one thousand five hundred eighty-four feet (three tenths of a mile) from an existing licensed retail check cashier.
3. The interior dimensions of the proposed licensed location equals or exceeds 480 contiguous square feet.
4. The primary business conducted at the proposed location will be financial services.
5. Net liquid assets of at least \$10,000 shall be available each business day for the proposed location.
6. Net worth of at least \$50,000 will be maintained at all times for each of the proposed licensed location(s).
7. The proposed business will abide by, and establish procedures to ensure compliance with, the privacy provisions of Title V of the Gramm-Leach-Bliley Act of 1999 and the regulations that were promulgated thereunder by the Federal Trade Commission as found in 16 C.F.R., Part 313.
8. The proposed business will comply with the provisions of the USA PATRIOT Act which require check cashers establish internal anti-money laundering programs that include: policies, procedures and internal controls; an employee training program; an independent audit function, and the designation of an employee as the check cashier's compliance officer.

(Name of the compliance officer: \_\_\_\_\_)

\_\_\_\_\_  
(Authorized Signature and Title)

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

\_\_\_\_\_  
Notary Public

## **FINGERPRINT PROCEDURES (Rev: 10/1/07)**

Section 400.1(c) (4) of the Superintendent's Regulations requires the fingerprinting of every person connected with a check casher.

Please have fingerprints taken at the local police department using the cards provided. (If the local police department does not provide this service, fingerprints may be taken by an authorized technician at another state or local agency or a licensed private investigator. If such an agency or investigator is used, the attached form must be completed.)

Two blue fingerprint cards are needed for each person. All required personal information should be printed or typewritten before the cards are submitted to the police. The charge for fingerprinting varies with different municipalities.

The following must be submitted to the Banking Department for each person fingerprinted:

- Two completed blue fingerprint cards.
- Two passport-style photographs of the person fingerprinted measuring not more than 2" x 2". Please print the person's name and social security number on the reverse of each photograph.
- A receipt from the police department indicating where and when the fingerprints were taken.
- A completed "Employee Introduction Letter & Questionnaire."
- A completed "Fingerprints Taken by Other Agencies or Licensed Private Investigators" form (if applicable).
- A check (payable to the "Superintendent of Banks - Fingerprints") in the amount of \$94.25 for each set of fingerprints. Personal checks are NOT acceptable.

Completed sets of fingerprint cards and related material should be submitted with the application and mailed to:

THE NEW YORK STATE BANKING DEPARTMENT  
Licensed Financial Services Division  
One State Street, New York, NY 10004-1511

If you have any questions concerning this procedure, please contact the Department at (212) 709-5511.

**Fingerprints Taken By Other Agencies or Licensed Private Investigators**  
(Print or type)

Name of Person Fingerprinted: \_\_\_\_\_

I certify that the enclosed fingerprints were taken by the following agency's authorized fingerprint technician or a licensed private investigator. In addition, I also certify that I provided proper identification to the technician or investigator at the time I was fingerprinted.

Signature of Person Fingerprinted: \_\_\_\_\_

**Verification**

Name of Technician or Investigator: \_\_\_\_\_

Signature of Technician or Investigator: \_\_\_\_\_

Rank (if applicable) \_\_\_\_\_ Employee I/D or Shield # \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of the Agency or Investigative Firm Taking Fingerprints:

\_\_\_\_\_

Agency or Investigative Firm's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Agency or Investigative Firm's General Telephone Number: \_\_\_\_\_

Indicate the type(s) of identification presented to the fingerprint technician or investigator (i.e., Driver's license, Passport, etc.)

Description of I/D: \_\_\_\_\_

I/D #: \_\_\_\_\_

**Employee Introduction Letter & Questionnaire**  
(Print or type)

Date: \_\_\_\_\_

New York State Banking Department  
Licensed Financial Services Division  
One State Street  
New York, NY 10004-1511

Dear Sir/Madam:

This will introduce: \_\_\_\_\_  
(Employee's Last Name, First Name, M.I.)

who is being employed by: \_\_\_\_\_  
(Name of Licensee/Applicant)

in the following capacity: \_\_\_\_\_  
(Employee's Position with the Licensee/Applicant)

\_\_\_\_\_  
(Signature of Authorized Representative of the Licensee/Applicant)

(Please provide the following descriptive information about the employee on the questionnaire below and submit it to the Banking Department along with the items described in the "Fingerprint Procedures" Letter.)

Employee's Name: \_\_\_\_\_  
(Last Name, First Name, M.I.)

Home Address: \_\_\_\_\_  
(Number, Street, Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

**MONEY TRANSMISSION AGENT APPLICATION**

To the Superintendent of Banks in the State of New York:

The undersigned, \_\_\_\_\_,  
an applicant for a license to engage in business as a cashier of checks, does hereby apply for  
written approval to act as an agent for a licensed money transmitter pursuant to the provisions of  
Section 400.12 of the Superintendent's Regulations.

1. The application, as an agent for the licensed Money Transmitter, plans to engage in the  
following money transmission activities:

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

2. The applicant will engage in these money transmission activities at the following address:

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

3. The following is a brief description of the procedures and methods by which the money  
transmission activities will be carried out:

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

4. The name and address of the licensed Money Transmitter:

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

5. The following documents are enclosed in support of this application:

- a. A copy of the agency agreement with the Money Transmitter. This agreement  
specifically states that the licensee is acting as an agent for the Money Transmitter.
- b. Copies of any documentation which that applicant intends to furnish to the public in  
connection with the money transmission activities.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

By: \_\_\_\_\_  
(Signature & Title)

## COMMUNITY NEED CRITERIA

An applicant for a check casher license must, under the statute, demonstrate the community need for a check casher at the location within a one-mile radius. In order to make a determination on this issue; the applicant must submit the following:

1. Details on the population in the service area.
2. Employment levels.
3. Income levels - high, medium or low.
4. Banks in the service area.
5. Other providers financial services that would be offered by the applicant, such as sale of money orders, utility bill collection and money transmission services.
6. Percentage on public assistance, if applicable.
7. Letters (8-10) from employers in the service area requesting the establishment of a check casher.
8. Census tracks and population within the one-mile radius service area for the two most recent census reports.
9. Any other information the applicant believes supports the contention that community need exists.

**STATEMENT OF OWNERSHIP  
OF CHECK CASHER**

I, \_\_\_\_\_, being duly sworn, depose and state:

I. That I am an officer of the \_\_\_\_\_

Corporation, namely \_\_\_\_\_ .  
(Title)

II. That in my capacity as such I have applied in the name of the corporation for a license as a Check Casher.

III. That the stock ownership of the \_\_\_\_\_ Corporation is distributed as follows:

\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

and that no other persons will invest any funds in the Corporation nor share in the management or profits of the Corporation, either directly or indirectly.

IV. That I understand that false statements made in this affidavit under oath may result in the revocation of the Check Casher's license of the \_\_\_\_\_ Corporation and in prosecution for perjury.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Notary Public