

**FOR OFFICE USE ONLY:**

Inv. Fee: \_\_\_\_\_

Check No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
555 EAST LOCKERMAN STREET  
SUITE 210  
DOVER, DELAWARE 19901

**SALE OF CHECKS, TRANSMISSION OF MONEY**  
**LICENSE APPLICATION**  
**(Chapter 23, Title 5, Del.C.)**

**PLEASE TYPE**

1. Business name of Applicant: \_\_\_\_\_

E.I. or S.S. # \_\_\_\_\_

2. Contact person, title, e-mail and phone number for application (include extensions):

\_\_\_\_\_

3. The number, street, municipality and county where Delaware business will be conducted (not including designated agents):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Address where required records will be kept for examination purposes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How is applicant organized:  
\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ LLP \_\_\_\_ LLC  
\_\_\_\_ Sole Proprietorship \_\_\_\_ Other: \_\_\_\_\_

6. **CORPORATIONS ONLY** - Please provide the following information:

a. Date of incorporation: \_\_\_\_\_

b. Place of incorporation: City of \_\_\_\_\_ County of \_\_\_\_\_  
State \_\_\_\_\_

c. If *applicant company* (not parent) is widely held publicly, items d. through h. do not need to be completed. Instead, please provide a copy of the Board Resolution authorizing this company's purpose.

d. Attach a schedule listing the principal or senior officers' full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.

e. Attach a schedule listing the Directors of the Corporation including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers and occupations.

f. Personal resumes for all principal officers and directors must be submitted **with** this application.

g. Personal financial statements for all principal officers and directors must be submitted **with** this application.

h. Attach a schedule listing the stockholders of the corporation including full names, residence addresses, business addresses, dates of birth, Social Security numbers, and number of shares held.

i. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.

j. If applicant's capital stock is owned, in whole or in part, by a parent company, submit a corporate financial statement for the parent company with this application.

k. Are the stockholdings of any person listed in h. held in a name other than the stockholder's real name? \_\_\_\_\_ If so, provide a schedule listing name, address, holding and beneficial owner of stock.

**l. Please provide proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware Corporation or a foreign corporation.**



- f. Please provide a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.
- g. Please submit the following for businesses with an that are partners in the applicant: a recent balance sheet (asset/liability statement) and income statement (profit/loss statement); a list of all persons (individuals or businesses) with an ownership interest (names and addresses)

9. **SOLE PROPRIETORSHIP ONLY** - Please provide the following information:

- a. Date of formation: \_\_\_\_\_
- b. Place of formation: \_\_\_\_\_  

City
County
State
- c. Attach a schedule listing the owner’s full name, residence address, business address, date of birth, Social Security number, and occupation.
- d. Attach a schedule listing principal members of management of the applicant other than the owner, including full names, titles and business addresses.
- e. Personal resumes for the owner and principal members of management of the applicant must be submitted **with** this application.
- f. Please submit detailed business **and** personal financial statements for the owner/applicant that are no more than six (6) months old . Include a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement).

10. **OTHER** - Please provide the following information:

- a. Type of formation: \_\_\_\_\_
- b. Date of formation: \_\_\_\_\_
- c. Place of formation: \_\_\_\_\_  

City
County
State
- d. A list of all principals of the applicant must be submitted with this application including full names, residence addresses, business addresses, dates of birth, Social Security numbers, and percentage of ownership of the applicant, if any.
- e. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.

- f. Please submit detailed business **and** personal financial statements for the owner/applicant that are no more than six (6) months old. Include a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement).

**ALL APPLICANTS:**

- 11. 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. **Provide proof that the licensee is appropriately registered with the federal government as a money service business.**
  - c. 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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- 12. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 13. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by any other name?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 14. Has the applicant company, you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, revoked or been the subject of any other type of disciplinary action?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. If the answer to 12, 13, or 14 is “yes”, attach a schedule giving details. If the answer to 14 is yes, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).

16. If the person who subscribes to this application cannot swear to the truth on behalf of any individual listed in 12 through 14, attach an affidavit by such individual.

17. Describe the activities in which the licensee shall engage. Specifically, the strategic business plan (activities, funding, unique operations, personnel projections, etc.) and a detailed description of any business other than check sales and/or transmission of money to be conducted at any licensed location. (Attach schedule if necessary.)

18. Is applicant familiar with all applicable statutes and regulations?

Yes\_\_\_\_\_ No\_\_\_\_\_

19. **I have read Section 127, Title 5 of the Delaware Code, and understand that in addition to renewing this license annually, we will also be assessed an annual supervisory assessment fee of not less than \$1,000.00 if our books and records are maintained outside the State of Delaware, or \$500.00 if our books and records are maintained inside the State of Delaware.**

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(Signature)

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(Title)

20. Attach a list of other states in which the applicant is transacting business (licensed or unlicensed), and the nature of the business transacted. Submit the name, address and telephone number of the regulatory authority for each state listed.

21. **BUSINESS REFERENCES:** We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be the CPA, attorney, bank or other type of business. **(One letter must be from a bank.) Each letter must refer to the applicant company, not an individual within the company.**

**PLEASE NOTE:**

It is the applicant's responsibility to contact these references and have each send a letter of reference **directly** to the *Office of the State Bank Commissioner at 555 East Loockerman Street, Suite 210, Dover, DE 19901, Attention: Licensing Department*. Copies of the applicant's letters requesting these references must be submitted with this application. **No reference letters will be accepted or considered if they are not provided directly from the reference source.**

22. a. Applicant must provide an original surety bond in accordance with the requirements of Section 2309(a), Title 5 of the Delaware Code. The bond shall run to the State for a period commensurate with the license or be continuous, and shall be conditioned that the licensee shall comply with Chapter 23, Title 5 of the Delaware Code. Please use the bond form at:

<http://banking.delaware.gov/services/appllicense/forms/csbond.pdf>

- b. Provide the name, address and telephone number of your bond company that this office should use to file a claim against the bond, if necessary.

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- c. In lieu of a surety bond, applicant may provide an original irrevocable letter of credit in accordance with Section 2309(b) Title 5 of the Delaware Code.
23. Please attach a schedule of locations where business will be conducted by *designated agents* as defined in section 2311, Title 5 of the Delaware Code.
24. This application must be accompanied by an investigation fee of \$172.50, which shall not be subject to refund, and a fee of \$230.00 per location to be licensed, plus \$4.60 for each agent listed in Item 23 in excess of one. **Make checks payable to the Office of the State Bank Commissioner.**

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 (president, vice-president, majority partner, majority member, owner, etc.), attested to by another principal and notarized. In cases of applicants with a single principal, having that signature notarized will suffice.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said applicant company, 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**

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

\_\_\_\_\_  
(Print Name)

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

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

**CORPORATE SEAL**  
If no seal, check here \_\_\_\_\_

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

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

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

NOTARY SEAL

**CHECK SALES, TRANSMISSION OF MONEY FACT SHEET**

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 # Extension

\_\_\_\_\_  
Email Address Fax #

\_\_\_\_\_  
Mailing Address

License Renewal \_\_\_\_\_

\_\_\_\_\_  
Name and Title Telephone # Extension

\_\_\_\_\_  
Email Address Fax #

\_\_\_\_\_  
Mailing Address

Examination \_\_\_\_\_

\_\_\_\_\_  
Name and Title Telephone # Extension

\_\_\_\_\_  
Email Address Fax #

\_\_\_\_\_  
Mailing Address

Complaints \_\_\_\_\_

\_\_\_\_\_  
Name and Title Telephone # Extension

\_\_\_\_\_  
Email Fax #

\_\_\_\_\_  
Mailing Address

Public Contact \_\_\_\_\_

\_\_\_\_\_  
Name and Title Telephone # Extension

\_\_\_\_\_  
Email Address Fax #

\_\_\_\_\_  
Mailing Address

***Changes in contact information must be reported to the Office of the State Bank Commissioner immediately.***

## AUTHORIZATION AND RELEASE

Each person listed below, by and through \_\_\_\_\_  
(Person with authority to submit application)  
as that person's authorized agent, hereby consents to the State Bank Commissioner of the State of Delaware and any employee, agent or representative that the State Bank Commissioner may designate (collectively the "Commissioner") conducting such investigation of that person as the Commissioner deems necessary or appropriate in connection with this application. Each such person also agrees to provide the Commissioner with any information that the Commissioner requests, and authorizes the Commissioner to disclose any information concerning that person and the results of the investigation to any person, agency, court, institution, association or other entity that the Commissioner, in the Commissioner's sole discretion, deems appropriate as part of the investigation.

Each such person further authorizes and requests every person, agency, court, institution, association or other entity having possession, custody or control of any information pertaining to that person to provide the Commissioner with any information requested, including documents, records, files regarding charges, complaints or grievances involving that person (whether formal or informal, pending or closed), or other data, and to permit the Commissioner to inspect and copy such information, documents, records, files, and data.

Each such person hereby specifically releases, discharges, and exonerates the Commissioner, all employees, agents and representatives of the Commissioner, and any person, agency, court, institution, association or other entity so providing information to the Commissioner, from any and all claims and liability of every nature and kind whatsoever (including claims and liability for any negligence of any type) arising out of, or in any way related to, the Commissioner's investigation and the providing, inspecting, disclosing or copying of such information, documents, records, files, and data.

CERTIFICATION OF AGENT

I, \_\_\_\_\_, hereby certify that I have given a copy of  
(Person with authority to submit application)  
this Authorization and Release to each of the following persons:

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and each such person has explicitly authorized and appointed me as an agent to execute this document for that person.

\_\_\_\_\_  
Signature of Authorized Person

State of

County of

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

NOTARY SEAL

## Business Survey

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

Please indicate the types of business in which your company engages under your Delaware Sale of Checks/Transmission of Money license: (check all that apply)

\_\_\_\_\_ Money Transmission

\_\_\_\_\_ Money Orders

\_\_\_\_\_ Travelers Checks

\_\_\_\_\_ Stored Value Cards

\_\_\_\_\_ Accelerated Payment Products

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Contact Name, Phone Number and Date