



Georgia Department of Banking and Finance

APPLICATION AND INSTRUCTIONS

Georgia Check Cashing License / Check Cashing Registration

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL



NOVEMBER 2007



**NON-DEPOSITORY FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BANKING AND FINANCE
APPLICATION FOR PERMISSION TO ACQUIRE CONTROL
OF A CHECK CASHING LICENSE OR REGISTRATION**

INFORMATION AND INSTRUCTIONS

This application must be filed by any/each person seeking to acquire ten (10) percent or more of the voting shares of a corporation or a ten (10) percent or more control interest in any other entity licensed to conduct business under Article 4A of Chapter 1 of Title 7 of the Official Code of Georgia Annotated. Additional information and documents, if any, must be provided on 8-1/2" by 11" paper.

The application and all supporting documents should be submitted and accompanied by the following:

1. **Form MSB-CC1 - Application For Permission to Acquire Control** - Four page application form.
2. **Form MSB-CC2 - Control Persons List** - Submit a list of the directors, officers, principals, owners, policymakers, and managers of the applicant, showing their percentage of control (zero if none), and any new proposed officers of the licensee.
3. **Form MSB-CC3 - Biographical Statement & Consent Form** - A completed form for each proposed director, officer, principal, policymaker, compliance officer, manager, and partner or ultimate equitable owner of 10% or more of the applicant, *and* of each proposed new director, officer, principal, owner, policymaker, and manager, partner or ultimate equitable owner of 10% or more of the Check Cashing Licensee or Registrant to be acquired is required. For this purpose officer includes any person occupying the positions of chief executive and/or operating officer and president and any other employee, regardless of title, who is authorized to establish policy for the applicant regarding its licensed activities. See the instructions in the MSB-CC3 Form included herein. Copy the form for each individual. Refer to Page 5 for additional information.
4. **Form MSB-CC4 - Non-U.S. Citizen Supplemental Information** - Non-U.S. citizens must complete the supplemental form regarding identifying information from the country of citizenship.
5. **Current Credit Report** - (within the last six months) - Submit a report on all natural persons, directors, officers, principals, owners, policymakers, compliance officer, and managers reported on MSB-CC2 showing a satisfactory credit history. **Any credit report filed with this Department containing tax liens, judgments, bankruptcies or charged off credit will likely cause the processing of the application to be delayed, or possibly cause the application to be denied. *Charged-off accounts and collection items must be paid or under a documented work-out repayment agreement.*** Slow

credit or bankruptcies, which have not been dismissed, will require satisfactory explanation. Tax liens and judgments must be paid before an application can receive favorable review. **The authorization to review the credit and criminal history of an individual remains effective as long the individual is employed in the money service businesses industry.**

Personal financial statements, biographical information and credit reports are considered confidential by the Department.

6. Fingerprint cards may be requested following review of the background check information. If requested, please submit two cards (a set) per person. There is a \$30.00 fee per set of cards. Only cards furnished by this Department are to be used. Take to the nearest law enforcement agency to have completed. Extra cards may be requested, at no cost, from the Department. Processing fee still applies.

Fingerprint Cards are requested ON-LINE from the Department at the following website:

<https://bkgfin.dbf.state.ga.us/MSBFPCards.html>

7. **Financial Statements** - Provide financial statements for the **Applicant** (if a corporation or other business entity) and of the check casher licensee/registrant to be acquired. Please furnish the most recent quarterly financial statement.
8. **Signed and notarized copy** of this application by both the acquiring and selling parties to the transaction. **NOTE: This application MUST BE SIGNED by all authorized parties to the transaction noted herein. Signatures must be notarized.**

Once the application and supporting documents are received by the Department of Banking and Finance, they will be reviewed for completeness. When it is determined that a substantially complete application has been received, the Department will notify the applicant that the application is accepted, and the investigation period will commence.

Inquiries concerning the preparation and filing of this application should be directed to the following address:

Georgia Department of Banking and Finance
Non Depository Financial Institutions Division
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-05565
770/986-1639

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL

SUPPLEMENTAL INFORMATION

The following information is to be provided for Applicants for permission to acquire control. Additional information may be requested following initial review of the application.

FULL SERVICE CHECK CASHER SUPPLEMENTAL INFORMATION:

- List products and services provided at operating locations. Use additional sheets if required.

- Fees to be charged for check cashing: (Dollar Amount and/or % of Face Amount of Check):

- ▶ Government Checks (state public assistance or federal social security benefit payable to the bearer) \$ _____ and/or _____ %
- ▶ Personal Checks Or Money Orders: \$ _____ and/or _____ %
- ▶ All Other Checks: \$ _____ and/or _____ %

QUALIFYING CHECK CASHER REGISTRATION SUPPLEMENTAL INFORMATION:

- Describe the nature of the business qualifying for the check cashing registration. (Include list of products and services provided at operating locations.) Use additional sheets if required.

- Fees to be charged for check cashing \$ _____ and/or _____ %

- Does (will) this business display any signage, advertising, notices, etc., which promotes a check cashing service other than its schedule of fees and its registration certificate issued by the Department?
() No () Yes If yes, describe fully.

REQUIRED FOR ALL APPLICANTS:

1. In accordance with the USA Patriot Act of 2001 and the Department of Treasury's Title 31 CFR Part 103, pertaining to anti-money laundering programs for MSBs, each applicant must be aware of the requirements of the law. If you are already in business as a seller of checks/money transmitter:
 - Provide a copy of your registration with FinCEN/IRS as an MSB.
 - Provide a copy of your anti-money laundering/BSA compliance program. If you are not already in business, you must develop these programs prior to issuance of a license by this Department.**Any changes to existing policy for the licensee based on this acquisition should also be submitted.**

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL

2. A copy of the **Applicant's** bylaws, articles of incorporation or articles of organization, or partnership agreements must be submitted. Any changes to the **acquired licensee's** bylaws, articles of incorporation or articles of organization, or partnership agreements must be submitted.

3. If incorporated in a state other than Georgia, submit evidence that any acquiring corporation has qualified to do business in Georgia, and give name and address of agent for service.

4. Is the applicant or any of its affiliates engaged in the check cashing business in any other state?
 Yes **No** *If yes, provide the following information: Name of state, Name and address of the agency issuing a license, Name of licensee, Type of license, and Date licensed. Submit the STATECHECK CASHER LICENSE CONFIRMATION REQUEST letter for each state in which the applicant or affiliate is licensed.*

5. Is the Check Cashing Licensee/Registrant an agent of any money transmitter or seller of checks licensee? **Yes** **No** **If yes, list all money transmitter or seller of checks companies for whom the company is agent, and include a list of services offered as agent for each.**

6. Each Director, Officer, Partner, or Ultimate Equitable Owner of 10% or more of the applicant, must complete the following and submit with the application:
 - Biographical Information and Consent Form - Form MSB-CC3
 - Independent Credit Report

7. Submit a **Non-US Citizen Supplement Form** (Form MSB-CC4) if applicable, in addition to the MSB-CC3, for any foreign national control persons.

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL



NOTICE OF REQUIRED BACKGROUND CHECKS

Addendum to Instructions for a Check Casher License / Check Casher Registration Change in Control Application

All licensed or registered Georgia Check Cashers are required to obtain background checks on all employees and agents as noted below as a condition of employment with the applicant.

The background check must be done through the Georgia Crime Information Center (GCIC). In order to properly complete a comprehensive check, the background check authorization form **must** include all five significant identifying pieces of information on which to base the investigation: Full Name and Address, Social Security Number, Date of Birth, Sex, and Race. **DO NOT** limit your search to "Felon Only". A copy of the background check authorization form is available on the internet at the address below.

Upon receipt of information from the Georgia Crime Information Center on Background Checks which indicates that the information is incomplete or that indicates an employee has a criminal record in any state other than Georgia, the employer shall submit to the department two complete sets of fingerprints of such person, together with the applicable fees and any other required information for further investigation. Information regarding obtaining and processing fingerprint cards is included in this application package.

Please note, however, that the Department conducts complete background checks on all individuals shown in the **Application for Permission to Acquire Control**. Please follow these application instructions regarding background checks and fingerprint cards required to properly complete your application for acquisition of the business. Should cards be required, requests for cards may be made on the internet at:

<https://bkgfin.dbf.state.ga.us/MSBFPCards.html>

Code sections related to this requirement are included in **ARTICLE 4A - CASHING CHECKS, DRAFTS, OR MONEY ORDERS FOR CONSIDERATION** and available on the Department's website at:

<http://dbf.georgia.gov/msbforms>.



**MSB-CC1: APPLICATION FOR PERMISSION TO ACQUIRE CONTROL
OF GEORGIA CHECK CASHING LICENSEE OR REGISTRANT**

Department of Banking and Finance
Non-Depository Financial Institutions Division
2990 Brandywine Rd., Suite 200
Atlanta, Georgia 30341-5565

The undersigned,

Name of Applicant

Address of Applicant

hereby applies to the Georgia Department of Banking and Finance for permission to acquire direct or indirect control or power to vote

_____ shares (_____ %) of the voting stock, or _____ % control interest in:

Title of Licensee

License Number

Street Address

City, State and Zip Code

Currently, the applicant holds _____ shares, (_____ %) of the voting stock, or _____ % control interest in the company.

All inquiries concerning this application may be directed to:

Name

Mailing Address

Telephone

AGREEMENT TO SALE BY EXISTING OWNER(S)

Signature of Unincorporated Licensee:

The undersigned, (Signatures of Owners or Partners of Unincorporated Applicant – **NOTARIZED BELOW**):

_____	_____	_____
Print Name of Existing Owner	Signature	% Owned
_____	_____	_____
Print Name of Existing Owner	Signature	% Owned
_____	_____	_____
Print Name of Existing Owner	Signature	% Owned
_____	_____	_____
Print Name of Existing Owner	Signature	% Owned

Signature of Corporate Licensee:

Name of Corporate Licensee By: Authorized Corporate Official Date

CORPORATE SEAL Title _____

Attest: _____

All signatures without the corporate seal require notarization:

Notarization:

State of _____ }

County of _____ } ss

On the _____ day of _____, 20 _____, before me, a notary public in and for said County, personally appeared:

Known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

NOTARY SEAL

Notary Public

County of _____

My Commission Expires _____

AGREEMENT TO SALE BY EXISTING OWNER(S) (Continued)

The parties noted above hereby attest(s) to the Georgia Department of Banking and Finance to the sale of the direct or indirect control or power to vote:

_____ shares (_____ %) of the voting stock, or _____ % control interest in:

_____ Title of Licensee License Number

EXECUTION AUTHORITY - ACQUIRING PARTY

CERTIFICATION OF ACQUIRING PARTY

The undersigned, being duly sworn, states that he/she has executed the foregoing application under Article 4A of Chapter 1 of Title 7, O.C.G.A., that he/she has authority to execute and file such application; and that to his/her knowledge, information and belief, the application contains no misstatement of a material fact nor does it omit to state a material fact called for.

_____ Signature _____ Type or Print Name

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

_____ Notary Public

All inquiries concerning this **application** may be directed to:

_____ Name

_____ Mailing Address

_____ Telephone

Registered Agent for Acquiring Party:

_____ Name

_____ Mailing Address

_____ Telephone

SIGNATURE AND OATH OF APPLICANTS

I hereby swear or affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Chapter 7-1, Article 4A and Regulation Chapter 80-3-1 promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a license to engage in the business of transmitting money or selling/issuing checks, drafts, money orders, and other payment instruments and any false statement omission of material information in connection with this application shall be punished as provided by law.

CORPORATE SEAL

Signature of applicant or Authorized Corporate Official

Title

Attest

Title

All Individual and corporate signatures without the corporate seal require notarization:

State of _____

County of _____

On the _____ day of _____, 20____, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

NOTARY SEAL

Notary Public

County

My Commission Expires

APPLICANT QUESTIONNAIRE

- 1. Is the applicant or employee of the applicant or any other business interest of such persons now or have they previously been licensed to engage in the business of cashing checks in any other state either directly or as the agent for a licensee?
() No () Yes**

If yes, attach a statement giving full details including reasons for any termination and financial status of relationship at time of termination.

- 2. Has the applicant ever been denied a license to engage in the business of cashing checks?
() No () Yes**

If yes, attach a statement giving full details.

- 3. Litigation: Has the applicant, any officer, director, owner, ultimate equitable owner of 10% or more, or affiliate been involved in any criminal and/or civil litigation for the 10-year period prior to this application? () No () Yes**

If yes, please provide full details including final disposition on a separate sheet.

MSB-CC3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK CASHER LICENSEE/REGISTRANT CHANGE IN CONTROL	Date of filing
Name of Applicant Company _____		

License Number information. Use additional sheets if necessary.	License #	State	License #	State	License #	State
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NEW APPLICATION AMENDMENT *To amend, circle or identify items being amended.*

1. Individual's identifying information:

(A) Full last, first and middle names:

 Last Name First Name Full Middle Name Suffix (if any)

(B) Social Security Number: _____ (C) Gender: Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country of Birth: _____

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).
 Name Name Name Name

(H) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

 Last Name First Name Full Middle Name Suffix (if any)

(I) Employer Name (Check Cashier Licensee or Registrant Name): _____

(J) Office of Employment address: (do not use a P.O. Box) If this address is your private residence, check this box.

 Number & Street City State / Province & Country Zip+4 / Postal Code

(K) Current Residence address (if different from employment address):

 Number & Street City State / Province & Country Zip+4 / Postal Code

(L) Telephone Numbers and e-mail address:
 (____)____-____ ext ____ (____)____-____ (____)____-____
 Business Phone Cell Phone (optional) Fax Line (optional) e-mail address (optional)

2. Individual's Acknowledgment & Consent:

TO WHOM IT MANY CONCERN:
 I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-702 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-702 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. **This authorization remains effective as long as I am employed in the check cashing industry.** A copy of this authorization shall be accepted with the same force and validity as the original.

Notary Seal Here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ _____ Print Notary Public name on this _____ day of _____, (Date) (Month) _____ Notary Public signature	_____ Signature of individual by _____ _____ Print individual's name _____ at _____ (Year) (State) (County) _____ Notary Appointment Expires (MM/DD/YYYY)
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**Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.
Affix notary stamp or seal where applicable.**

Applicant full legal name: _____ Individual's full legal name: _____

3. Check Casher Licensee/Registrant Employment Representation:
 To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *State of Georgia* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

Company Name _____ by _____ Signature of authorized party _____ Print Name and Title of authorized party _____

**Employment Representation must always be completed in full with original, manual signature.
 Affix notary stamp or seal where applicable.**

4. Residential History: Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

5. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

Applicant full legal name: _____ Individual's full legal name: _____

<p>6. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment.</p>		
<p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past ten years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Criminal Disclosure</p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been <i>charged</i> with any felony?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been charged with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</p> <p>(2) Are there pending charges against you for a misdemeanor <i>as described</i> in 7(F)(1)?</p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor specified in 7(F)(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 7(F)(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____ Individual's full legal name: _____

Regulatory Action Disclosure	YES	NO
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever: (1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical? (2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)? (3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted? (4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity? (5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities? (6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business? (7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 7(H) or 7(I)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(K) (1) Has any domestic or foreign court ever: (a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity? (b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)? (c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ? (2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 7K(1)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which: (1) is still pending; or (2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or (3) was settled for any amount?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of: (1) violating statute(s), regulation(s), rule(s), or industry standards of conduct? (2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

MSB-CC3 - BIOGRAPHICAL STATEMENT & CONSENT FORM (Continued)

Applicant full legal name: _____

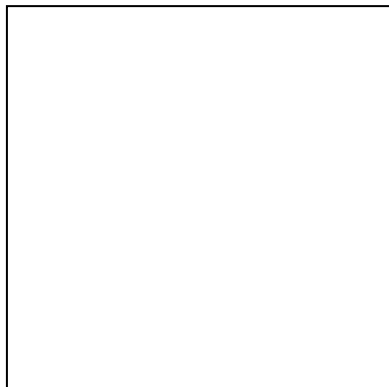
Individual's full legal name: _____

Date of Application: _____

Attach Passport Photo of Individual submitting MSB-CC3.

Those photographs should meet the specifications established for passport photographs, and must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.





APPLICATION FOR CHECK CASHER LICENSE OR REGISTRATION

CHANGE IN CONTROL

MSB-CC4: NON-U.S. CITIZEN SUPPLEMENTAL INFORMATION

If any control person is **NOT** a United States citizen, please provide the following:

1. Name: _____
2. Visa Type and Number: _____
3. Passport Type and Number: _____
4. National or Alien Identification Number(s): _____
5. Other Identification Number(s) (Please indicate the type of identification numbers listed):

If you are exempt from holding a visa, please explain why:

6. Mother's maiden name: _____

Instructions:

Documents presented in a language other than English should be translated into English and duly certified by the translator to be true and accurate.

If you are unable to secure certified statements from the government of your country, a statement from the government attesting that it will not issue certificates or sworn statements should be submitted. However, if not available from the government, a certification from the United States Embassy Secretary or Consular Agent attesting that the government does not or will not issue certifications or sworn statements will be sufficient.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.

*Georgia Department of Banking & Finance
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341*

STATE CHECK CASHER LICENSE CONFIRMATION REQUEST

Applicant Name:

Applicant City, State:

Name as Licensed in _____:
(State)

The Georgia Department of Banking and Finance is in the process of investigating an application submitted by the above company to obtain a Georgia check cashing license or registration. The application indicates that the applicant is licensed in your state. We request that you provide the following information so that we may complete our investigation of the applicant:

- 1) What type of license does the above company currently hold in your state? What is the status of the license (expiration date)?
- 2) Have there been any complaints filed against the company in the last 3 years? If yes, please give the number of complaints and the nature of these complaints.
- 3) Has your state taken any disciplinary/enforcement action against the applicant? If yes, please identify type of action, date of action, and disposition of action.
- 4) Please state the date of the most recent examination of the licensee conducted by your Department and indicate the ratings of the examination.
- 5) Please make any other pertinent comments about the licensee if applicable.

Name/Title of State Official Completing Form: _____

Agency Name and Phone Number: _____

Date: _____

Please complete and return this form directly to: Non Depository Financial Institutions Division
Money Service Businesses Unit
Georgia Department of Banking and Finance
(770) 986-1639 -Telephone
(770) 986-1655 - Fax
dbfcorp@dbf.state.ga.us - e-mail

_____ is hereby authorized to furnish the Georgia Department of Banking and Finance with
(Name of State)
the above requested information regarding the above applicant and any affiliated companies.

(Name and Title of Authorized Officer of Applicant)

(Date)

(Signature of Authorized Officer)