



Georgia Department of Banking and Finance

APPLICATION AND INSTRUCTIONS



**Cashing Checks, Drafts or
Money Orders for Consideration**

APPLICATION FOR CHECK CASHING REGISTRATION



SEPTEMBER 2009

CHECK CASHER REGISTRATION APPLICATION CHECKLIST

Provide a current, valid E-Mail Address. Department communications regarding your license/registration are *only* disseminated via e-mail. *Applications submitted without a valid e-mail address will be returned. Original registration will be disseminated via e-mail.*

- Include your check or money order made payable to the Department of Banking and Finance for the application/investigation fee of \$300.00.
- Complete **ALL** sections of the application and provide all required supplemental information. If any item is not applicable, indicate "NA" (not applicable) for that item.
- Sign and date the application where required.
- Provide a statement of fees you will charge to cash checks.
- Provide list of products and services provided by your business.
- Complete the Certification of Non-Participation in the Business of Payday Lending form.
- Submit the Authorization for Background Investigation forms for each Director, Officer, Owner of 10 percent or more, and Supervisory Employee.
 - Personal Biographical Statement & Consent Form (MSB3) - **PHOTO REQUIRED**
 - Independent Credit Report
- Provide a copy of the business license(s) from the city or county where you have business locations.
- Provide a copy of your Certificate of Incorporation or Partnership Agreement (where applicable).
- Provide a copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year, OR a copy of the latest income tax return for an existing business. If this is a new company, a pro-forma financial statement **must** be submitted.

Please note that the Department cannot begin processing your application until we have received a complete application, along with the filing fee required.

■ If we find that your application is incomplete, it will be returned to you for completion.

■ If your application is found to be complete, it should be processed within 10 business days of receipt.



Georgia Department of Banking & Finance
2990 Brandywine Road, Suite 200
Atlanta, GA 30341
<http://dbf.georgia.gov>

APPLICATION PACKAGE FOR REGISTRATION TO ENGAGE IN THE BUSINESS OF CHECK CASHING

Please find enclosed the following:

1. Application for Check Cashing Registration
2. List of Required Supplemental Information
3. Biographical Statement & Consent Form
4. Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

Additional sheets may be attached as needed. Before completing the application, make certain that you qualify for an exempt registration. **If you do not meet ALL of the following criteria, you will need to apply for a full service license.**

A QUALIFYING REGISTRATION (\$300.00 investigation/registration fee) is permitted in lieu of a full license **IF** your business qualifies for a registration by meeting the following conditions:

1. The fee charged for cashing a check does not exceed the greater of \$2.00 or 2% of the face amount of the check, draft, or money order; **and**
2. The check cashing service **is not** advertised, announced or otherwise promoted as a service. (Advertising **includes** signage on and around your place of business.)

IF you charge a fee of any amount **AND** advertise the service, then you **MUST** have a license.

Notwithstanding such exemption from licensing, such persons shall be subject to the requirements and restrictions on the cashing of checks set forth in Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants.

Persons seeking registration should complete all pages and submit all supplemental information as it applies to registered check cashers. Additional sheets may be attached as needed.

Upon approval of the following application for registration, the ***Regulations, Laws, and Administrative Policies Governing the Sale of Checks, Cashing of Checks, and Money Transmission in the State of Georgia*** will be sent to you along with your registration. This publication is generally updated each year and can be downloaded from the Department's website at: <http://dbf.georgia.gov/msbforms> .

If you have any questions regarding the foregoing or the material contained herein, please feel free to contact the Non-Depository Financial Institutions Division at 770-986-1652.

NOTE: The Department requires applicants to submit Fingerprint Record Cards (two completed cards for each principal of the company) **only** if further background information is needed. An additional processing fee is charged if fingerprint cards are required. ***AFTER a background check has been performed, should the Department need further information or fingerprint cards, you will be notified by the Department.***

Phone: 770-986-1633

Fax: 770-986-1655

APPLICATION FOR CHECK CASHING REGISTRATION

(Please print clearly or type)

Legal Name of Applicant: _____

(Name of individual, partnership or corporation)

Trade Name (D/B/A): _____

Main Office Street Address: _____

City: _____

County: _____

State: _____

Zip: _____

Phone#: _____

Fax#: _____

E-Mail: _____

Mailing Address if different from above: _____

Federal Taxpayer Identification Number: _____

Contact Person: _____

Address of Contact Person: _____

Location of Books and Records: _____

Internet Website(s): _____

■ **Business Structure:** () Individual () Corporation () Partnership () LLC

■ **Type of business activities to be conducted in Georgia: (as principal*):**

Check Cashing: () Sale of Checks/Payment Instruments: () Money Transmission: ()

*If you perform any of the above activities as an agent for another company, please list the activity and the company(ie)'s name(s): _____

■ **List additional locations OTHER THAN the main office at which check cashing activity will be conducted. This should include any locations which are scheduled stops of any mobile facility. Use additional sheets if necessary:**

Additional Location Street Address:							
City:		County:		State:		Zip:	
Ph#:		Fax#:		E-Mail:			

Additional Location Street Address:							
City:		County:		State:		Zip:	
Ph#:		Fax#:		E-Mail:			

APPLICATION FOR CHECK CASHING REGISTRATION

- Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

CHECK CASHING REGISTRATION

PLEASE REFER TO THE LIST OF REQUIRED SUPPLEMENTAL INFORMATION

- Is the applicant or any officer, director, ultimate equitable owner of 10 percent or more, or employee of the applicant or any other business interest of such persons now or have they previously been licensed or registered to engage in the business of cashing checks or selling 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.*

- Has the applicant or any officer, director, ultimate equitable owner of 10 percent or more, or employee of the applicant or any other business interest of such persons ever been denied a license or registration to engage in the business of cashing checks or selling checks directly or as an agent of another? () No () Yes

*If **yes**, attach a statement giving full details.*

- List persons who are currently employed by the applicant in a management capacity in addition to those persons listed on Page 2.

Full Legal Name	Position	Social Security Number

- Depository Institutions with which accounts are maintained.

Name of Institution	Branch Location	Account Number	Type of Account*

***Type of Account:** (1) Cashed Check Clearing (2) General Operating (3) Other

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 Chapter 80-3-1 of the Rules and Regulations 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 check cashing, 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

**SUPPLEMENTAL INFORMATION
REQUIRED FOR REGISTERED CHECK CASHERS**

The following information is to be provided by all applicants for check casher registration. Additional information may be requested following initial review of the application.

1. A copy of the business license from the city/county, or a copy of an application for business license.
2. If applicable, provide a copy of the Certificate of Incorporation, Partnership Agreement if a Partnership, or Articles of Organization for Limited Liability Companies as filed/registered with the Georgia Secretary of State's Corporations Division.
3. A copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year **OR** a copy of the latest income tax return for an existing business operated by the applicant. If this is a new company, a pro-forma financial statement should be submitted.
4. Information requested in Item 3 should also be provided for any corporation owning more than 25% interest in the applicant.
5. If incorporated or organized in a state other than Georgia, submit evidence that the corporation has qualified to do business in Georgia with the Georgia Secretary of State's Office, and give name and address of agent for service in Georgia.
6. Each Director, Officer, ultimate equitable owner of 10% (percent) or more and supervisory employee must complete the following and submit with the application:
 - a. Biographical Statement & Consent Form (MSB3) - **PHOTO REQUIRED**
 - b. Independent Credit Report

Note: Fingerprint cards *may* be required on these individuals after filing the application.
7. Applicants who wish to defer payment on drafts (payment cannot be deferred on checks) must provide this Department a surety bond in favor of the Department in the amount of \$10,000.00 for the first location. Contact the Department for forms and further amounts.
8. Provide a complete listing of all products and services provided through locations operated by applicant.
9. Provide a statement of fees to be charged for cashing checks in the form to be posted at each location which cashes checks.
10. If you do not defer payments on drafts, complete and enclose the Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans.
11. **Provide E-Mail Address.** Department communications regarding your license/registration are only disseminated via e-mail. **Applications submitted without a valid e-mail address will be returned.**

MEMORANDUM

To: Check Cashier Applicants
From: Department of Banking and Finance – Non-Depository Financial Institutions Division
Subject: Deferred Presentment Transactions (“Payday Loans”)

The Department continues to receive information that some check cashers may be in the business of making what is commonly referred to as “deferred presentment” or “payday loans.” Payday loans, or the taking of a check and holding it for a few days or weeks (until “payday”), then depositing it or requiring repayment of the loan plus a fee or interest exceeding legal limits, are not legal in Georgia (see the Governor’s Press Release below).

Georgia Governor Sonny Perdue signed legislation to stop abusive payday loans. The law makes it illegal to engage in the business of making certain small loans or advance cash services and other similar activities. The law imposes large fines and prison time on lenders who make short-term loans above the state’s 60 percent cap on annual interest rates.

Because the Department is concerned that licensees may be engaging in these activities illegally, the Department of Banking and Finance now requires, pursuant to O.C.G.A. §7-1-701, that as a separate part of your licensure, you certify to the Department that you are not engaged in the making of illegal payday loans. Should the Department discover that any licensee is engaged in the violation of law in the course of its dealings as a licensed check casher, or should the Department find that an involvement with this illegal business, particularly on the premises where check cashing is done, would cause it to question the fitness of the licensee under §7-1-702, we may move to revoke your license under O.C.G.A. §7-1-707.

Return this attached certificate to the Department, notarized or with your corporate seal. Should you have any questions about this letter, please contact the Non-Depository Financial Institutions Division at (770) 986-1652.

Press Release

Friday, April 9, 2004

Contact: Office of Communications 404-651-7774

Governor Perdue Signs Payday Lending Bill

Atlanta - Governor Sonny Perdue today signed into law Senate Bill 157, the payday lending legislation.

"This legislation was needed to protect the men and women of our armed forces from unscrupulous lending practices," said Governor Sonny Perdue. "It will also protect unsuspecting Georgians from loans with exorbitant interest rates."

The State Law Department advised the Office of the Governor that there is likely to be litigation challenging this legislation. Because the legislation becomes effective on May 1, 2004, the Governor signed the bill expeditiously so that any such litigation could move forward and give the courts time to act, if necessary, in advance of the effective date of the legislation.

The bill can be accessed on the Georgia General Assembly’s website at:
http://www.legis.state.ga.us/legis/2003_04/fulltext/sb157.htm

Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

I hereby swear or affirm that I have applied to become a registrant under Article 4A of Chapter 1 of Title 7, "Cashing Checks, Drafts or Money Orders for Consideration" and that I am not now participating nor intend in the future to participate in the business of making illegal "payday loans". The signing of this certification will not prevent the making of payday loans in the future if the State of Georgia passes a law which specifically permits such activity.

This ____ day of _____, 20__.

(CORPORATE SEAL)

Signature of applicant or Authorized Corporate Seal

Company Name

Title

Attest

Title

or, for non-corporate licensees:

Signature of Licensee or Authorized Official

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 _____

QUALIFYING EXEMPTION REGISTRATION

Attach a copy of Federal Income Tax Return or Profit and Loss Statement for the most recent fiscal year or, if a new company, a Pro-forma Balance Sheet for the current year. ***A Sample Pro-forma Balance Sheet is on Page 9.***

- 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.*

Certification by Applicants Regarding Registration Status

I hereby certify that the information contained herein and attachments hereto are true and correct to the best of my knowledge. I further understand that an exemption granted pursuant to this request does not exempt the applicant from the provisions contained in Official Code of Georgia Annotated Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants and Regulations promulgated by the Department in furtherance of those Code sections as contained in Chapter 80-3-1 of the Department's Rules and Regulations. The provisions of such laws and regulations 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.

Date: _____

Signature of Individual or Officer

Corporate Seal

Name

Title

SAMPLE PRO-FORMA BALANCE SHEET

ASSETS

LIABILITIES & NET WORTH

(1) Cash on Hand	0
Cash in Bank	0
Savings Accounts	0
Certificates of Deposit	0
(2) Merchandise & Inventory (<i>at cost</i>)	0
(3) Accounts Receivable	0
<i>(includes loans & notes due from others)</i>	
(4) Real Estate & Other Fixed Assets	0
<i>(at current market value)</i>	
(5) Marketable Securities (<i>at current market value</i>)	0
(6) All Other Assets	0
TOTAL ASSETS	0

(7) Accounts Payable (<i>for merchandise</i>)	0
(8) Notes Payable to Bank & Others	0
<i>(includes loans from banks, friends, family)</i>	
(9) Real Estate Mortgages Payable	0
(10) All Other Accounts Payable	0
TOTAL LIABILITIES	0
NET WORTH	0
<i>(The difference between Total Assets and Total Liabilities)</i>	
TOTAL LIABILITIES AND NET WORTH	0

MSB3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK CASHER LICENSEE/REGISTRANT	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)
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(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/Registrant): _____

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

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>

**APPLICATION PACKAGE FOR REGISTRATION
TO ENGAGE IN THE BUSINESS OF CHECK CASHING
BIOGRAPHICAL STATEMENT & CONSENT FORM**

Applicant full legal name: _____

Individual's full legal name: _____

Date of Application: _____

E-Mail Address: _____

Attach Passport Photo of Individual submitting MSB3.

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.

