



**CHECK CASHER APPLICATION FOR  
RELOCATION OF AN EXISTING OFFICE**

Pursuant to Section 75-67-505(2), Mississippi Code of 1972, Annotated, "When a licensee wishes to move a title pledge office to another location, the licensee shall give thirty (30) days prior written notice to the commissioner who shall amend the license accordingly." Please complete this application along with the items listed below.

**FOR RELOCATION OF A CURRENTLY LICENSED OFFICE:**

1. This application must include a \$25.00 check (may be a company check) for an address change.
2. The original license must accompany this application
3. A rider from the Surety Bond provider stating the acknowledgement of the address change.
4. This application must be notarized.

**Current address of office being relocated:**

Name: \_\_\_\_\_ License #:

Street: \_\_\_\_\_ PO Box: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_

**New address of above named office:**

Name: \_\_\_\_\_ License #:

Street: \_\_\_\_\_ PO Box: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_

The said office will be relocated on or about \_\_\_\_\_, 20\_\_\_\_\_.

**CERTIFICATION**

The undersigned certifies that the facts contained in this application are true and that he/she has been duly authorized to file this application.

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Title Telephone Number

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State \_\_\_\_\_

County \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named \_\_\_\_\_, who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**(Notary Seal)**

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

My Commission expires:

**Please forward this notarized application and the above information to:**

**Mailing Address:**

Department of Banking and Consumer Finance  
P.O. Box 12129  
Jackson, MS 39236-2129

**Overnight mailing address:**

Department of Banking and Consumer Finance  
4780 I-55 North, 5<sup>th</sup> Floor  
Jackson, MS 39211