



FOR DEPARTMENT USE ONLY

License Number _____

License Expires _____

CC

**State of Mississippi
Department of Banking and Consumer Finance**

**Check Cashers
License Application
§75-67-501 et seq., Miss. Code Ann.**

1. _____
Full legal name of applicant

Trade name or d/b/a of applicant, if applicable

Fed. Tax I. D. Number

Parent Company, if applicable
2. Business Address: _____
Street Address

City County State Zip Code

Telephone Number: _____ Fax Number: _____

Hours of Operation: _____
3. Mailing address, if different from above: _____
Street Address

City County State Zip Code
4. Business Type: Sole Proprietorship Partnership Limited Liability Company Corporation
5. If a Corporation, incorporated under the laws of the State of: _____
6. Web site address: _____
7. E-Mail address: _____

8. The legal name, residence, and percentage of ownership of each owner, member, partner, director, and principal officer of the company. (Attach addendum if necessary)

Legal Name	Residence, City, State, Zip	Telephone Number	% Ownership

9. Has there been a change in ownership or structure of the licensed company since the previous application?
 Yes No **If yes, explain on a separate sheet.**

10. If you are currently licensed or conducting business in any other state(s) under a Check Cashers Law or similar Law, please list the state(s) and name and address of the regulatory agency. If not currently licensed or conducting business, but have in the past, please list the state(s) and name and address of the regulatory agency and identify the time periods you were licensed or conducting business. (Attach list if necessary)

Regulatory Agency	Agency Address City, State, Zip	Telephone Number	Licensed Periods

11. Check the type of services you will provide: Delayed Deposit Transactions Cashing Checks for a Fee

12. If you cash checks for a fee, are you aware of the requirements of the Bank Secrecy Act for Money Service Businesses (MSB)? Yes No

13. Are you registered as a Money Service Business (MSB) with the U. S. Department of the Treasury?
 Yes No If yes, attach a copy of form TD F90-22-5

14. Has applicant, or any partner, director or principal officer ever been convicted of a felony in Mississippi or in another jurisdiction? Yes No If yes, explain on a separate sheet.

15. Has any owner, beneficial owner, member, officer or director had a license suspended, denied or revoked by any state or federal government agency? Yes No If yes, explain on a separate sheet.

16. Have you ever been in violation of the Mississippi Check Cashers Act, or been connected directly or indirectly with any business convicted of such violations or been connected directly or indirectly as principal or employee with any business licensed under this Act or similar Acts of other states, which license was suspended, denied or revoked? Yes No If yes, explain on a separate sheet.

17. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? Yes No

18. Total number of Mississippi Delayed Deposit Transactions outstanding as of 6/30: _____
 Total dollar amount of Delayed Deposit Transactions outstanding as of 6/30: _____

19. What was the average delayed deposit transaction amount in the previous year? _____
20. What percentage of outstanding delayed deposit transactions was charged off in the previous year? _____
Dollar amount of transactions charged off: _____
21. What percentage of delayed deposit transactions was charged a NSF fee in the previous year? _____
Of those delayed deposit transactions charged a NSF fee, what was the percentage of NSF fees collected in the previous year? _____
22. What percentage of customers had more than 3 advances in the previous year? _____
23. Is the maximum fee allowed in 75-67-519(4) MCA charged on delayed deposits? _____ If no, what is the fee charged on delayed deposit transactions? _____

24. The following must be provided along with your application. Please use this checklist to verify that your **application is complete.**

1. **License Fee:** For an initial application, submit a certified check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00. For renewal applications, submit a certified check or money order in the amount of \$475.00. **We do not accept personal or company checks.**
2. **Financial Statements:** Attach a sworn financial statement as of the most recent fiscal year showing a net worth of at least \$20,000.00 for the first license and if multiple licenses, an additional \$5,000.00 for each additional location. Licensee must maintain the required net worth during the entire License year.
3. **Surety bond:** Applicant must submit a surety bond made payable to the State of Mississippi in the amount of \$10,000.00 for each location. The surety bond must be issued by a bonding company or insurance company authorized to do business in Mississippi.

In lieu of a surety bond, applicant may submit cash, a certificate of deposit of national or state banks doing business in Mississippi, or government bonds in at amount of \$10,000 for each location.

For renewal applications, attach the original bond continuation certificate.

4. Attach a copy of your MSB Registration Form TD F90-22.55, if applicable.
5. **For Initial Application only:** Provide copies of the following, whichever are applicable:
(a) A Certificate of Good Standing from the state in which the applicant was incorporated.
(b) If applicant is a corporation, provide a copy of the Articles of Incorporation, including amendments.
(c) If applicant is a Limited Liability Company (LLC), provide a copy of the Articles of Organization and the Operating Agreement.
(d) If applicant is a general partnership or a Limited Liability Partnership, provide a copy of the Partnership Agreement.
6. **Fingerprint card(s) – Fingerprints are required for 2013 renewals.** Fingerprints must be made by local law enforcement agency on the enclosed fingerprint cards. If applicant is an individual or partnership, submit prints for each owner/partner. If applicant is a Limited Liability Company (LLC), submit prints on all members, if no more than five (5). If there are more than five (5) members, submit prints on the member authorized to sign on the behalf of the LLC and two other key policy making members. If applicant is a corporation, submit prints on the majority stockholder (owns more than 50%). If there is no majority stockholder, submit prints on all stockholders, if no more than five (5). If there are more than five (5) stockholders, submit prints on the stockholder authorized to sign on behalf of the corporation and two other key policy making stockholders. For renewal applications: Fingerprints are only required in the event of a change of ownership from the previous year. If you have any questions concerning the fingerprint cards, please call the Department's Check Cashers Division at (601) 321-6901
7. Attach the enclosed **Check Cashers Contact List**

This application must be completed, signed and notarized and all of the requested information attached or the application will be returned to you which will delay the licensing process. Please mail the completed application to:

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

Section 97-7-10, Miss. Code Ann., provides that, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars (\$10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment".

The undersigned swears or affirms and certifies that all information given in this application and all documents furnished as required for a license are true and accurate. The undersigned acknowledges that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and may be subject to criminal prosecution for perjury. The undersigned further acknowledges that upon renewal of an existing license, all violations noted in prior Examination Reports of the Mississippi Department of Banking and Consumer Finance have been corrected or are in the process of being corrected and also agrees to update and correct application information as it changes.

Date: _____

Name of Company

(Corporate Seal)

By: _____
Name (please print) Title

Signature

AFFIDAVIT

State of _____
County of _____

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, accurate 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: _____