



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
 Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

CHECK CASHER/CHECK SELLER/SMALL LOAN ENDORSEMENT CLOSURE/SURRENDER FORM

Use this form when closing/surrendering a Check Casher license, Check Seller license, or Small Loan Endorsement to either a Check Casher and/or Check Seller license.

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

- Books and records must be accessible to DFI (in Washington state, unless special permission has been granted to maintain records outside the state of Washington) in compliance with RCW 31.45.060(2). Written notice must be sent to DFI informing change of location or custodian of records in compliance with RCW 31.45.050(3).
- Check Sellers, contact the Department of Revenue, Unclaimed Property, for instructions about any unclaimed trust funds.
- Complete the Annual Assessment worksheet attached to the closure form (If surrendering the Small Loan Endorsement only and maintaining a Check Casher or Check Seller license, enter information pertaining to small loans only on the Annual Assessment worksheet). If closing/surrendering a branch only, the Annual Assessment worksheet is not required.
- If closing before April 15, also file the prior year's assessment and report in addition to the closure assessment.
- If surrendering Small Loan Endorsement, attach a list of all open and pending transactions and the business plan for the orderly closure of open loans on the database system per WAC 208-630-836.
- Mail forms and attachments to the Department of Financial Institutions.

COMPANY FORM	WASHINGTON CHECK CASHER / CHECK SELLER / SMALL LOAN ENDORSEMENT CLOSURE FORM		<input type="checkbox"/> CHECK CASHER
			<input type="checkbox"/> CHECK SELLER
	Date of Filing: _____ Effective Date: _____		<input type="checkbox"/> SMALL LOAN ENDORSEMENT* <small>*cannot maintain small loan endorsement without current Check Casher or Check Seller license</small>
<input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> MAIN OFFICE <input type="checkbox"/> BRANCH OFFICE <input type="checkbox"/> LICENSE NUMBER _____			
1. Exact name, physical address of location closing, records custodian contact information and records location:			
A. Full legal name of licensee (if sole proprietor, provide last, first and middle name)		B. IRS Employer Identification Number (Social Security # is allowed for sole proprietorship)	
_____		_____	
B. (1) Trade Name under which business primarily was conducted, if different from Item 1A: _____			
C. Physical address of location closing:			
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code
D. Records Custodian contact and physical address of location where the official books and records of the applicant will be kept:			
_____	() - _____ ext _____	() - _____	_____
Records Custodian Name	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code
E. Mailing address of records custodian, if different::			
_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code



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**ANNUAL ASSESSMENT WORKSHEET FOR
 CHECK CASHERS, SELLERS, AND SMALL LOAN ENDORSEMENTS**

1. This report must be filed even if company did NO business in Washington State since the last report.
2. This report & the remittance are due in our office immediately upon closure/license surrender.
3. The Reporting Period starts at the beginning of the most recent calendar year and ends on the closure/surrender date (For example, if you previously submitted a 2009 annual assessment report, but decided to surrender the license sometime during 2010, this closure annual assessment will cover activities from January 1, 2010, through the effective date of closure in 2010).

Authorities: RCW 31.45.090, RCW 31.45.095, WAC 208-630-880 (sellers), WAC 208-630-400, WAC 208-630-836, and WAC 208-630-890

Name of company as licensed in Washington: _____

Licensed as (enter number of licensed locations for each type):

_____ Check Casher License(s) _____ Check Seller License(s) _____ Small Loan Endorsement(s)

Effective Date of Closure/Surrender Date: _____

TABLE 1: REPORT ACTIVITIES

ANSWER EVERY QUESTION OR WRITE IN "NONE"

Business conducted under the WA Check Casher and Sellers Act during the period		Column A Check Cashing	Column B Check Selling*	Column C Small Loans	Column D WA Company Totals
1a	Total number of WA transactions	#	#	#	
1b	Total dollar volume of WA transactions	\$	\$	\$	
1c	Number of locations licensed for each activity	#	#	#	#
2	Total dollar amount of fees collected on WA transactions	\$	\$	\$	\$
3a	Number of charge-offs (losses), for the reporting period on WA transactions	#		#	#
3b	Dollar amount of charge-offs (losses), for the reporting period in WA	\$		\$	\$
4a	Number of borrowers that entered into installment plans for the reporting period			#	
4b	Number of borrowers who have defaulted on installment plans for the reporting period			#	
5	Dollar amount of open loans as of the closure date			\$	

* Complete this section even if you are selling checks as an "Agent" for _____ .(Name of Check Selling Company)

TABLE 2: CALCULATE ASSESSMENT FEES Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for WA during the reporting period		# Licensed Locations	Dollar Volume
1	Total dollar volume of checks cashed in WA <i>(Get total from Table 1, Line 1b, Column A)</i>		\$
2	If line 1 above is greater than \$1 million, enter the total number of company's locations holding Washington Check Casher licenses	#	
3	Total dollar volume of checks sold in WA <i>(Get total from Table 1, Line 1b, Column B, except enter zero if checks are sold as an agent of another company)</i>		\$
4	If line 3 above is greater than \$1 million, enter the total number of company's locations holding Washington Check Seller licenses	#	
5	Total dollar volume of small loans made in WA <i>(Get total from Table 1, Line 1b, Column C)</i>		\$
6	If line 5 above is greater than \$1 million, enter the total number of company's locations holding Washington Small Loan endorsements	#	
7	Add lines 2, 4, and 6. Enter the total here	#	
8	Multiply line 7 by \$513.95 and enter the total here, pay this amount Checks should be made payable to the "Washington State Treasurer" <i>(You must submit this document by due date, even if total is zero)</i>		\$

DFI will assign the received date as the effective date of closure if management does not include a specific effective date in this closure report. Late penalties may be assessed per RCW 31.45.050.

Prepared By: _____ **Phone Number:** _____

AFFIDAVIT

_____ } ss:

I, _____, the undersigned, being the {President, Manager, Treasurer} of the _____, swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

(Signature of officer authorized to sign report)

Place for official seal to be affixed by officer before who acknowledged. Notary must not be an officer or director of the corporation

Sworn to and Subscribed before me this _____ day of _____ 20____, and I hereby certify that I am not an officer or director of this corporation.

My Commission expires _____, Notary Public.