



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 COMPANY APPLICATION

Use this form when newly applying for either a Check Casher or Check Seller license or when adding a Small Loan Endorsement to either a Check Casher or Check Seller license. Along with the *Company Form*, send the following items to DFI. If you intend to do business at branch office locations, you must also submit a Branch Office Application for each additional location. All forms are available from our website at <http://www.dfi.wa.gov/cs/check.htm>

_____ FEE – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package. This deposit will be applied to the statutory cost of application review and investigation.

- a. Check Casher: \$690.10
- b. Check Seller: \$690.10
- c. Small Loan Endorsement: \$345.05

_____ FINANCIAL RESPONSIBILITY – Applicants submitting a Check Seller or Small Loan Endorsement application must submit a *Surety Bond* or acceptable alternative as detailed below:

(a) **Check Sellers**

Provide a surety bond in the amount determined in WAC 208-630-230. The *Calculation for Surety Bond* form **must be** included with this application. In lieu of the bond, applicant may deposit other acceptable instruments. Please refer to WAC 208-630-260 for these alternatives.

(b) **Small Loan Endorsement**

Provide a bond in the amount of \$10,000 for the first location. The bond must increase by \$1,000 for each additional branch. In lieu of the bond, applicant may deposit other acceptable instruments. Please refer to WAC 208-630-260 for these alternatives.

_____ STATE REFERENCE ADDENDUM – See Section 3 of the Company Application Form. For each state where the applicant is or has ever been licensed to engage in check cashing, check selling or payday lending you must attach a list which includes the following information: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

_____ DISCIPLINARY HISTORY ADDENDUM – See Section 5 of the Company Application to determine if the applicant needs to submit this addendum.

_____ INDIVIDUAL BACKGROUND FORMS AND PERSONAL FINANCIAL STATEMENTS – See Section 6 of the Company Form to determine which individuals will need to submit these.

_____ TRUST ACCOUNTING – Applicants submitting a Check Seller application must submit a *Certificate of Compliance and Authorization to Examine Trust Accounts* form for each trust account established by the applicant. The applicant completes the top portion of the verification, and the bank completes the bottom portion.

_____ BUSINESS PLAN – Provide the applicant’s business plan, which includes the following at minimum:

- (a) The anticipated source and method of obtaining customers.
- (b) The type of incidental products or services the applicant intends to market at the proposed location.
- (c) Proposed procedures for complaint resolution.

_____ BUSINESS FINANCIALS – Provide the following financial information (prepared in accordance with generally accepted accounting principles):

- (a) A current financial statement as of the most recent quarter end, including a statement of assets and liabilities, and a profit and loss statement.
- (b) Financial projections of anticipated business.
- (c) Source of capitalization and funding should be attached.
- (d) If a Sole Proprietorship or Partnership, provide documents that support source of funding (i.e. line of credit, cash in the bank).

STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.

DELIVERY – Keep copies of everything, and send original *Company Form* and all attachments to:

Via US Postal Service

Dept of Financial Institutions
Division of Consumer Services
PO Box 41200
Olympia WA 98504-1200

Via other couriers (e.g.: FedEx, UPS, etc)

Dept of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater WA 98501

COMPANY FORM	WASHINGTON CHECK CASHER / CHECK SELLER COMPANY APPLICATION FORM	<input type="checkbox"/> CHECK CASHER
		<input type="checkbox"/> CHECK SELLER
	Date of Filing: _____ Effective Date: _____	<input type="checkbox"/> SMALL LOAN ENDORSEMENT* <small>*must have Check Casher/Check Seller license</small>
<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>	
<input type="checkbox"/> SURRENDER/CANCEL	<input type="checkbox"/> OTHER <i>(Please explain)</i> _____	
1. Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:		
A. Full legal name of <i>applicant</i> : (if sole proprietor, provide last, first and middle name) _____		B. IRS Employer Identification Number (Social Security # is allowed for sole proprietorship) _____
C. (1) Trade Name under which business primarily is or will be conducted, if different from Item 1A: _____		
(2) List any other name(s) by which the <i>applicant</i> conducts or will conduct business and the <i>jurisdiction(s)</i> in which the name(s) are or will be used (Use additional sheets as necessary).		
Name	Jurisdiction	
Name	Jurisdiction	
Name	Jurisdiction	
Name	Jurisdiction	
D. For amendments only: If this filing makes a name change on behalf of the <i>applicant</i> , enter the new name and specify whether the name change is of the <input type="checkbox"/> <i>applicant</i> name (1A) or <input type="checkbox"/> business trade name (1C): _____		
E. Main address: (Do not use a P.O. Box)		
_____	_____	_____
Number & Street	City	State / Province & Country
_____		Zip+4 / Postal Code
F. Mailing address, if different::		
_____	_____	_____
PO Box or Number & Street	City	State / Province & Country
_____		Zip+4 / Postal Code
G. Telephone Numbers and Website:		
() - ext _____	() - _____	_____
Business Phone	Fax Line	Website address
_____		e-mail address (optional)
H. Other than the office in 1E, does the <i>applicant</i> conduct business with consumers through branch offices? <input type="checkbox"/> YES <input type="checkbox"/> NO (Branch offices conducting business with Washington consumers must be licensed. Use Branch Application Form)		
AUTHORIZATION FOR VERIFICATION – COMPANY		
TO WHOM IT MAY CONCERN:		
I, the undersigned official, of the company noted above, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for a check casher, a check seller and or a small loan endorsement, or for the purpose of conducting an investigation in accordance with chapter 31.45 Revised Code of Washington and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code provisions and contained in Washington Administrative Code.		
BY:	_____	_____
	Signature of Authorized Official	Date
	_____	_____
	Printed Name of Authorized Official	Title

Applicant (company) full legal name: _____

2. CONTACT INFORMATION FOR APPLICANT:

(A) Contact person for this application:

Name and Title

() - ext _____
Business Phone

() - _____
Fax Line

e-mail address

PO Box or Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(B) Contact person for future compliance issues (if different from above):

Name and Title

() - ext _____
Business Phone

() - _____
Fax Line

e-mail address

PO Box or Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(C) Physical address of location where the official books and records of the applicant will be kept. This is for the purpose of periodic review and examination by the Department of Financial Institutions.

Records Custodian Name

() - ext _____
Business Phone

() - _____
Fax Line

e-mail address

Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(D) Registered Agent:

Name

() - ext _____
Phone

Number & Street

City

State / Province & Country

Zip+4 / Postal Code

Social Security Number

Date of Birth

Note: If your office is outside the borders of Washington State, you must maintain a registered agent inside Washington.

If your office is within the borders of Washington State, the use of a registered agent is *optional* (your office staff may serve as registered agent). However, if your company has used a registered agent when filing with other Washington state agencies, please provide this office with information about *that* registered agent.

3. STATE REFERENCE: Enter appropriate number in the box for each jurisdiction where the applicant is or has ever been licensed to engage in any check cashing, check selling or payday lending business.

Enter "1" if *applicant is newly applying* in that *jurisdiction*.
 Enter "2" if *applicant has a pending application* in that *jurisdiction*.
 Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*.
 Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*.
 Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

STATE												
AL		FL		LA		NE		OK		VT		
AK		GA		ME		NV		OR		VA		
AZ		HI		MD		NH		PA		WA		
AR		ID		MA		NJ		RI		WV		
CA		IL		MI		NM		SC		WI		
CO		IN		MN		NY		SD		WY		
CT		IA		MS		NC		TN				
DE		KS		MO		ND		TX		Guam		
DC		KY		MT		OH		UT		Puerto Rico		

For each state marked, attach a **STATE REFERENCE ADDENDUM** which includes: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

Applicant (company) full legal name: _____

4. LEGAL STATUS OF APPLICANT:

- Corporation
 Proprietorship
 Other (specify) _____
 Partnership
 Limited Liability Company

FEDERAL TAX IDENTIFICATION NUMBER: _____

WASHINGTON STATE UNIFIED BUSINESS ID NUMBER (UBI): _____

To obtain a UBI, you must contact the Washington State Department of Licensing, Business and Professions Division (360) 664-1400 to apply for (your) the applicant's Washington State Master Business License. A copy of this document is **not** required with your application. DFI will verify with the Department of Licensing that (you) the applicant (have) has registered.

If the applicant is a corporation, partnership, or LLC you must contact the Washington Secretary of State, Division of Corporations, (360) 753-7115 to register the applicant. A copy of this document is **not** required with this application. DFI will verify with the Secretary of State that the applicant has been registered.

DATE OF INCORPORATION: _____

STATE OF INCORPORATION: _____

APPLICANT'S FISCAL YEAR END (MM/DD): _____

If applicant is a publicly traded corporation, please insert stock symbol: _____

5. DISCIPLINARY HISTORY OF APPLICANT: If the answer to any of these questions is yes, attach a **DISCIPLINARY HISTORY ADDENDUM** to this application which provides a detailed explanation of all events or proceedings, including jurisdiction, year filed, current status, and final disposition. Remember to file updates to these disclosures as needed.

	YES	NO
(1) Is there presently or has there ever been any regulatory investigation, administrative action, or enforcement action (including the revocation, suspension, or restriction of license) against the <i>applicant</i> in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you aware of <u>any</u> regulatory or complaint investigations against the <i>applicant</i> in any jurisdiction for which findings have yet to be entered?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Presently, is the <i>applicant</i> or a <i>controlling person</i> of the applicant presently involved in any form of civil litigation?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has any form of civil litigation been filed against the <i>applicant</i> or a <i>controlling person</i> of the applicant within the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> or a <i>control affiliate</i> ?	<input type="checkbox"/>	<input type="checkbox"/>

6. INDIVIDUAL INFORMATION: The following individuals must attach and submit the **INDIVIDUAL BACKGROUND FORM**.

*Individuals holding these positions of control must also provide a personal financial statement.

CORPORATION/LLC	PARTNERSHIP	SOLE PROPRIETORSHIP
Officer* (VP and above)	General Partners*	Owner*
Directors*		Spouse of Owner
Principals* (10% or more ownership)		

CHECK CASHER/SELLER SIGNATURE AND OATH OF APPLICANT

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Revised Code of Washington 31.45 and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code provisions and contained in Washington Administrative Code have been reviewed by the authorized officials as listed herein, and management will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant's desire to obtain from the Director of the Washington State Department of Financial Institutions, a license to engage in the business of a check cashing or selling, and/or small loan endorsement, as defined in chapter 31.45 RCW. Any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to denial of a license or the revocation of any license granted.

BY: _____
 Signature of Authorized Official Date

 Printed Name of Authorized Official Title

INDIVIDUAL BACKGROUND FORM	WASHINGTON CHECK CASHER / CHECK SELLER BIOGRAPHICAL STATEMENT AND CONSENT
Date of Filing: _____ Effective Date: _____	

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>
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1. Individual's Identifying Information:

(A) Full last, first and middle names:

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

(I) Employer Name (Check Cashier/Check Seller): _____

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

Number and Street City State/Country Zip+4/Postal Code

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

PO Box or Number and Street City State/Country Zip+4/Postal Code

(L). Telephone Numbers and email address:
 () - ext () - () -
Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

(M) Drivers License Number: _____ State issued: _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

BY: _____
Signature of Individual Date

_____ Printed name of Individual _____ Title

WASHINGTON CALCULATION OF SURETY BOND OR EQUIVALENT FOR CHECK SELLERS

WAC 208-630-030 requires a surety bond, assigned deposit account, or irrevocable letter of credit be filed with the department based on check sales from the previous year. The required amount can be determined from the following tables:

INSTRUCTIONS:

1. Enter the total dollar volume of checks sold for each given month. If establishing a new company, estimate the dollar volume of checks you expect to sell. (Include the face value of the checks, not your fees.)
2. Select the month with the largest amount of checks sold.
3. Multiply the amount from number 2 by 75%.

MONTH AND YEAR	MONTHLY SALES	MONTH AND YEAR	MONTHLY SALES
JANUARY ____	_____	JULY ____	_____
FEBRUARY ____	_____	AUGUST ____	_____
MARCH ____	_____	SEPTEMBER ____	_____
APRIL ____	_____	OCTOBER ____	_____
MAY ____	_____	NOVEMBER ____	_____
JUNE ____	_____	DECEMBER ____	_____

The highest monthly liability is (answer to number 3 above) \$ _____.

4. If the highest monthly liability is 0 to 50,000, the required amount for the bond/alternative is equal to the highest monthly liability (this will be the same amount figured in number 3).
5. If the highest monthly liability is 50,001 to 100,000, the required amount for the bond/alternative is 50,000 plus the difference over 50,000 multiplied by 50%.
6. If the highest monthly liability is 100,001 or more, the bond/alternative amount is 75,000 plus the difference over 100,000 multiplied by 25%.

HIGHEST MONTHLY LIABILITY	MINIMUM BOND AMOUNT REQUIRED	PLUS THE DIFFERENCE OVER THE MINIMUM BOND AMOUNT
\$0 to \$50,000	Is equal to the Highest monthly liability	N/A
\$50,001 to \$100,000	\$50,000	.5 above \$50,000
\$100,001 plus	\$75,000	.25 above \$100,000

The required surety bond or equivalent is \$ _____.

For branch applications only: Required surety bond or equivalent is already on file with DFI
 Surety bond rider is included with branch application

I hereby swear and affirm that the above information is true and correct to the best of my knowledge.

Licensee Company Name

Check Seller License Number

Signature

Date

Printed Name

Title

