

APPLICATION FOR LICENSE
TO ENGAGE IN THE BUSINESS OF SELLING OR ISSUING CHECKS



STATE OF OKLAHOMA
STATE BANKING DEPARTMENT

Name of Applicant _____

Trade Name(s) Used by Applicant in Oklahoma _____

Address (Main Office) _____
Street City State Zip

Date of Application _____

REQUESTS FOR ADDITIONAL INFORMATION OR OTHER COMMUNICATIONS ABOUT THIS APPLICATION SHOULD BE DIRECTED TO:

Name _____ Title _____

Address _____
Street City State Zip

Telephone No. () _____ Fax No. () _____

E-mail Address _____

Answer all parts of this application. If additional space is needed, please supplement with additional pages and with a clear reference in the space provided to the supplemental page(s). If any part of the application does not apply, write "n/a".

1. Indicate the form of applicant's legal organization:

_____ Corporation _____ Limited Liability Co. _____ Limited Partnership

_____ General Partnership _____ Sole Proprietorship

_____ Other (explain) _____

2. If applicant is not a sole proprietorship and is owned 25% or more by another business organization, attach a chart detailing the ownership structure of the overall organization (including parent company, subsidiaries and other affiliates of applicant).

3. If applicant is not a sole proprietorship, under what state's laws is applicant organized? _____ . In what year was applicant first organized? _____ .

4. If organized outside of Oklahoma, is applicant qualified to do business in Oklahoma?

_____ Yes (attach evidence) _____ No (explain) _____

5. Is applicant in good standing in its state of organization and Oklahoma?

_____ Yes (attach evidence) _____ No (explain) _____

6. Provide the following information regarding applicant's registered agent in Oklahoma:

Name: _____ Tel. Number: _____

Address: _____
Street City State Zip

7. Has applicant registered as a "money service business" with the U.S. Department of Treasury?

_____ Yes (attach evidence) _____ No (explain) _____

8. Money service businesses that applicant intends to conduct within Oklahoma (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sale of Checks (money orders) | <input type="checkbox"/> Bill Payment |
| <input type="checkbox"/> Money Transmission (<i>i.e.</i> , wire transfers) | <input type="checkbox"/> Currency Exchange |
| <input type="checkbox"/> Stored Value Products | <input type="checkbox"/> Check Cashing |
| <input type="checkbox"/> Other (explain) _____ | |

9. Anticipated number of locations to be utilized for the sale of checks in Oklahoma by applicant during the first year of operation: _____. Checks will be sold to Oklahoma residents through (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Company owned outlets | <input type="checkbox"/> Subsidiaries or affiliates |
| <input type="checkbox"/> Authorized delegates | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (explain) _____ | |

10. Identify all websites operated by applicant for the sale or issuance of checks.

11. List all other licenses issued by any agency or office within Oklahoma relating to any part of applicant's business in Oklahoma (including money service businesses, securities, lending, insurance, *etc.*)

12. Unless the applicant has a net worth in excess of \$5 million, attach a list of all other states in which applicant is licensed to sell checks. The list should include: (1) name of the state, (2) year first licensed, (3) agency issuing license, (4) the number of locations at which checks are sold in the other states, and (5) the amount of the bond, if any, posted in each state.

13. List all states in which applicant has had any license denial, revocation, suspension or other disciplinary action taken against applicant during the previous 10-year period. Provide details relating to the action taken, including the contact information of the state agency/authority and the circumstances resulting in the action.

14. Describe in detail any pending or any outstanding enforcement actions taken by a regulatory agency against applicant, its affiliates, and any principals of the applicant, and any judgments outstanding against the applicant (including all taxing authorities).

15. Tax returns for applicant have been filed through the year ended:_____.

16. Provide complete information regarding any bankruptcy or receivership proceedings affecting applicant, its managing officers and directors during the previous 10-year period.

17. Has applicant ever had a bond or letter of credit denied or revoked in connection with any of its money services businesses?

_____ No _____ Yes (explain in detail)_____

18. Provide complete information regarding any criminal convictions and material litigation affecting applicant during the previous 5-year period. If applicant is an organization, please provide this information as to each executive officer, manager, director, and person in control of applicant during the previous 10-year period. (“Control” includes those with an ownership interest of at least 25%, the power to elect a majority of directors or officers, or the power to exercise a controlling influence over applicant.)

19. Describe procedures/system used by applicant to check names of customers against list of names maintained by the Office of Foreign Assets Control. _____

20. Has the applicant adopted policies and procedures for maintaining an effective anti-money laundering program?

_____ No _____ Yes (Summarize)_____

21. Provide the name, telephone number, and e-mail address for each of the following persons associated with applicant:

(1) President
Name: _____
Tel Number: _____
Email Address: _____

(4) Primary Regulatory Contact Individual
Name: _____
Tel. Number: _____
Email Address: _____

(2) Chief Financial Officer
Name: _____
Tel. Number: _____
Email Address: _____

(5) Accounting Firm/Individual Contact
Name: _____
Tel. Number: _____
Email Address: _____

(3) BSA/AML Compliance Officer
Name: _____
Tel. Number: _____
Email Address: _____

(6) Legal Firm/Individual Contact
Name: _____
Tel. Number: _____
Email Address: _____

22. Are all authorized delegate (*i.e.*, agent) accounts current and in good standing?

_____ Yes _____ No (explain)_____

23. Provide the name and address of the financial institution primarily used by applicant in connection with its sale of checks operation. _____

24. Attach a list of all individuals who serve on the applicant's board of directors/managers or otherwise control or direct the activities of applicant (such as president, CEO, and other executives). Include for each person a description of his or her most recent 5-year employment history.

25. Attach an original of a surety bond (in the form attached hereto) in the amount required under the Oklahoma Sale of Checks Act (Title 6 Okla. Stat. § 2108), which provides: Each approved applicant shall furnish a corporate surety bond in the principal sum of \$100,000 for 1 to 15 locations; \$250,000 for 16 to 500 locations; \$1,000,000 for 501 to 800 locations; and \$1,500,000 for over 800 locations. In lieu of a surety bond, the applicant may furnish an irrevocable letter of credit (upon approval of the Oklahoma Banking Commissioner) or may deposit acceptable securities with the Banking Department pursuant to the terms of Title 6 Okla. Stat. § 2109.

26. Attach evidence of applicant's net worth. Applicant must have a minimum net worth of at least \$275,000 in order to sell checks at 1 to 300 locations, \$500,000 in order to sell checks at 301 to 500 locations, \$1,500,000 in order to sell checks at 501 to 800 locations, and \$3,000,000 in order to sell checks at over 800 locations. Net worth must be demonstrated annually by filing with the Banking Department, at the time of application for a license and at each time of license renewal, the most current annual audited financial statement of the licensee certified by a licensed public accountant holding a permit to practice in Oklahoma or by a certified public accountant. A financial statement shall be deemed to be current if it is no more than 12 months old.

27. If the applicant is a wholly-owned subsidiary of another company, attach a copy of the parent company's audited financial statement for the most recent fiscal year.

28. Attach a sample form of contract that applicant will use with authorized delegates.

29. Enclose with this application the following fees:
 (A) \$200 non-refundable application fee; and
 (B) \$10 per authorized delegate location.
30. If applicant is a corporation, limited liability company, limited partnership, general partnership, or other company, complete the Secretary's Certificate attached hereto. If applicant is an individual or sole proprietorship, attach evidence of your age (you must be over 21 years of age) and evidence of good moral character.

Please submit this application and the above-referenced fees to:
 Oklahoma State Banking Department
 2900 N. Lincoln Blvd.
 Oklahoma City, Oklahoma 73105

I hereby confirm that all information submitted with this Application is true and correct. I further confirm that Applicant has reviewed the Oklahoma Sale of Checks Act (Title 6 O.S. § 2101 et seq.), agrees to its terms, and will comply with it and all state and federal laws relating to its sale of checks business and that violation of such laws will be a basis for termination of Applicant's license and termination of its authority to engage in business in Oklahoma.

I understand and agree that the Oklahoma State Banking Department, and/or other state or federal agencies designated by the Oklahoma State Banking Department, may verify information submitted in this application and seek additional information relating to applicant and other individuals named in this application, through credit, criminal, and other investigative reviews and reports.

 Printed Name

 Signature

 Title (must be President, CEO, or other authorized officer)

Notary

State of _____

County of _____

Subscribed and sworn to me by the above-named individual on this _____ day of _____
 20____.

My commissioner expires: _____

[seal]

 Signature of Notary

Secretary's Certificate

Pursuant to Title 6 Okla. Stat. § 2105(b)(2), I hereby certify that I am a secretary or partner of the applicant named in this Application For License To Engage In The Business Of Selling Or Issuing Checks and that the following is a true and correct list of the names, addresses, and titles of the officers, directors, trustees, partners, or other managing officials of applicant *[attach additional pages if needed]*:

| <i>Name</i> | <i>Address</i> | <i>Title</i> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I further certify that I am personally acquainted with the above-named individuals and know that they are each over the age of 21 years, are of good moral character, and enjoy a reputation for honesty and integrity and that none have been charged with any fraudulent or dishonest act or the commission of any crime involving fraud or dishonesty.

Printed Name

Signature

Title

Notary

State of _____

County of _____

Subscribed and sworn to me by the above-named individual on this _____ day of _____ 20____.

My commissioner expires: _____

Signature of Notary

[seal]

SURETY BOND FOR SALE OF CHECKS

Bond Amount \$ _____

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____ as "Principal"
(Name and Address of Principal)

and _____
(Name and Address of Surety)

a surety company duly authorized to do business in the State of Oklahoma, as "Surety", are held and firmly bound unto the Oklahoma State Banking Department and customers of Principal and its authorized delegates for all obligations and liabilities incurred with respect to any checks issued or sold by Principal or its authorized delegates under the Oklahoma Sale of Checks Act and regulations, if any, promulgated thereunder (collectively, the "Act"), in the penal sum of:

(\$ _____), lawful money of the United States, for the payment of which the undersigned Principal and Surety bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by the terms hereof:

WHEREAS, the Principal has applied for, or already holds, a sale of checks license from the Oklahoma State Banking Department pursuant to the terms of the Act; and

WHEREAS, a condition to obtaining and maintaining a license under the Act is that the Principal furnish and maintain this bond.

NOW, THEREFORE, it is agreed as follows:

1) The conditions of this obligation are such that if Principal and its authorized delegates shall faithfully conform to and abide by the provisions of the Act and will honestly and faithfully apply all funds received and perform all duties, obligations and undertakings for exchange issued and sold under the Act and will pay to the State Banking Department and to any person entitled thereto all money that becomes due and owing under the provisions of the Act because of any checks or exchange issued or sold in Oklahoma by Principal and its authorized delegates, according to law, then this obligation shall be void, otherwise to remain in full force and effect.

2) This bond shall continue in full force and effect for the entire term of the sale of checks license in connection with which it is being issued. This bond shall automatically renew for any and all succeeding renewals of the sale of checks license unless cancelled by Surety. Surety may conditionally cancel this bond at any time by providing at least 30 days written notice to the Oklahoma Banking Commissioner of the termination of this bond; provided Surety shall in no case be discharged from any liability or obligations accruing during the term of this bond and prior to the final termination.

In witness whereof, the Principal and Surety have duly executed this bond and agree to be bound effective the _____ day of _____, 20____.

Principal (Print Name)

Surety (Print Name)

By: _____
(Signature)

By: _____
(Signature)

Title: _____

Title: _____

Acknowledgment for Principal

State of _____

County of _____

This instrument was acknowledged before me on _____, by _____,
(date) (name of person)

as _____ of _____.
(title of person) (name of company)

My commissioner expires: _____

Signature of Notary

Acknowledgment for Surety

State of _____

County of _____

This instrument was acknowledged before me on _____, by _____,
(date) (name of person)

as _____ of _____.
(title of person) (name of company)

My commissioner expires: _____

Signature of Notary

INFORMATION FOR PERSON WITH SURETY TO BE CONTACTED IN THE EVENT A CLAIM MUST BE FILED.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

E-Mail Address: _____