



NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603

Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309

Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

MONEY TRANSMITTER LICENSE RENEWAL APPLICATION CHECKLIST

Renewal applicants must submit:

Renewal application form with all areas completed and last page signed and dated;

Annual license fee of \$1,000, plus \$10 per location in North Carolina at which the licensee or an authorized delegate is conducting a money transmitter business; the maximum per location fee is \$5,000.

Fees are payable to: Department of Commerce / Banking Commission.

Submit application to:

Office of the Commissioner of Banks
4309 Mail Service Center
Raleigh, NC 27699-4309



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MONEY TRANSMITTER LICENSE RENEWAL APPLICATION

SECTION ONE:

1. Licensee's name:
2. Licensee's Federal Employer Identification Number:
3. Licensee's principal business office:
Address:
City: State: Zip:
Phone: Fax:
4. Name and mailing address of principal contact person:
Name:
Address:
City: State: Zip:
Phone: Fax: E-mail address:
5. Name and address of independent auditing firm:
Name:
Address:
City: State: Zip:
Phone:
6. Type of money transmission activity conducted (check all that apply):
 Checks Electronic Bill Payments Drafts Money orders
 Gift Certificates/Cards Internet Online Payments Traveler's checks
 Stored value Domestic Money transfers Int'l Money transfers
 Other (explain):
7. Money transmission sales are conducted through (check all that apply):
 Company-owned outlets Independent authorized delegates
 Online payment

8. Submit the following information for each location in the state from which the licensee or its authorized delegates conduct money transmission sales, except for entities exempt under G.S. 53-208.4.

1	*Licensee / Delegate Number	7	Comments	13	*County (required if state is NC)
2	*Federal Tax ID	8	*Street Address 1	14	Phone
3	*Licensee Owned Business (Yes or No)	9	Street Address 2	15	Fax
4	*Licensee / Delegate Name	10	*City	16	Principal Contact First Name
5	*Date Added	11	*State	17	Principal Contact Last Name
6	Date Removed	12	*Zip Code		

* Required Field

State the number of your sales locations in this state:

SECTION TWO:

Instructions: Please check “yes” or “no” in response to the following questions regarding changes since the last application or previous renewal. *If there have been any changes, please provide the requested information. (Note: A response to the following does not constitute compliance with any separate statutory notice or reporting requirement).*

1. Has your company changed principal officers, directors, partners, or individuals with a 10 percent or more ownership interest in the licensee since application, renewal, or last notification to NCCOB?

Yes No

If yes, please explain changes on a separate sheet and include the name, title, business address, and percentage ownership of each person who has acquired an ownership interest or become an officer or director of the licensee.

2. Has the licensee had its renewal refused or its license suspended or revoked in any other state since application, renewal, or last notification to NCCOB?

Yes No

If yes, please explain on a separate sheet.

3. Has the licensee been subject to any enforcement actions by the licensing authority in any other state since application, renewal, or last notification to NCCOB?

Yes No

If yes, please explain on a separate sheet.

4. Has the licensee been involved in any material litigation since application, renewal, or last notification to NCCOB? *Material litigation* means litigation that, according to generally accepted accounting principles, is deemed significant to the licensee’s financial health and would be required to be referenced in its annual audited financial statements, report to shareholders, or similar documents.

Yes No

If yes, please describe the proceedings on a separate sheet.

5. Has there been felony indictment or criminal conviction of any principal officer or partner of the licensee or any individual with a 10 percent or more ownership interest in the licensee since the last application, renewal, or last notification to NCCOB?

Yes No

If yes, please explain on a separate sheet.

6. Have there been substantive changes to the form of payment instruments issued by the licensee since the last application, renewal, or last notification to NCCOB that were not provided previously?

Yes No

If yes, please provide a specimen.

7. Has there been a change of the licensee's principal clearing institutions, clearing bank addresses, or account numbers since the last application, renewal, or last notification to NCCOB?

Yes No

If yes, please list the name, address, contact name, and account number on a separate sheet.

8. Have there been material changes to the licensee's authorized-delegate contract since the last application, renewal, or last notification to NCCOB?

Yes No

If yes, please provide a copy.

9. Has the licensee or any executive officer, director, partner, or individual with a 10 percent or more ownership interest in the licensee filed a petition in bankruptcy or reorganization since the last application, renewal, or last notification to NCCOB?

Yes No

If yes, please describe the proceedings on a separate sheet and provide a copy of the petition and a copy of the discharge, if applicable.

SECTION THREE:

1. Submit the following:

A. The most recent audited financial statements of the licensee, including balance sheet, statement of income, statement of stockholders' equity, and statement of cash flow for the preceding year, prepared by an independent certified public accountant, if not previously provided.

B. The most recent unaudited interim financial statements prepared for the licensee, dated no more than 120 days from the date of this application, if not previously provided.

C. Below, please enter:

1. The total dollar amount of the licensee's outstanding instruments and transmissions in this state:

a. as of the date of the most recent audited financial statement, (1A), and

b. as of the date of the interim financial statement, (1B).

2. The total dollar amount of the licensee's outstanding instruments and transmissions in the United States:

a. as of the date of the most recent audited financial statement, (1A), and

b. as of the date of the unaudited interim financial statement, (1B).

Outstanding as of:

	Date	Total, State of North Carolina	Total, United States
Audited financial statement:		\$	\$
Interim financial statement:		\$	\$

2. In the space below, provide the number and dollar amount of payment instruments sold or issued and money transmissions conducted by the licensee from through the close of business (12-month period):

Total within North Carolina

Number:

Amount:\$

3. Submit a list of the licensee's permissible investments and the book or market value of such investments as of the date of the most recent audited financial statement and as of the date of the unaudited interim financial statement.
4. Submit proof of surety required and/or a list of deposits and other obligations maintained in lieu of all or part of the corporate surety bond, as authorized by statutes. For each deposit, please designate the amount, the financial institution in the state that is the depository, and the account number.

I certify that the foregoing responses are true, accurate, and complete to the best of my knowledge and belief.

Dated: _____ Name of licensee: _____

By: _____

Officer or authorized employee Title
Please print

Signature of officer or authorized employee