



**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

**APPLICATION FOR CHECK-CASHING BUSINESS LICENSE**

All information must be typed or printed legibly with ink. Please respond to each item. If a particular item does not apply, enter "not applicable" or "NA". All attachments must be on 8½" x 11" paper.

**TO BE COMPLETED BY ALL APPLICANTS**

1. Name of Applicant:

1a. DBA (if applicable:

*Note: If the applicant is doing business under an assumed name (DBA), it must attach a copy of its Certificate of Assumed Name bearing the dated filing stamp of the Register of Deeds office of the county in which the business is located.*

2. Principal Address in North Carolina (number and street)

City, State, Zip Code:

Mailing Address, if different from above:

Business Telephone:

Fax:

Name of person who will be managing the check-cashing business:

3. Address where books and records will be kept (number and street):

City, State, Zip Code:

4. Applicant's Headquarters Address, if outside of North Carolina:

City, State, Zip Code:

Mailing Address, if different from above:

Business Telephone:

Fax:

5. Contact person regarding this application:

Title:

Business Telephone:

Fax:

6. Applicant's organization type: (check one)

sole proprietorship

partnership

limited liability company

corporation

7. Federal Employer Identification Number:

**PARTNERSHIPS** *(To be completed by those operating as a partnership)*

8. On a separate sheet, list the name, residence address and business phone number of each partner, as shown below.

Name:

Residence Address (number and street):

City, State, Zip Code:

Business Phone:

**CORPORATIONS** *(To be completed by those operating as a corporation)*

9. Name of corporation:

Principal Address: (Number and Street):

City, State, Zip Code:

Corporation organized under the laws of what State?

Date of Incorporation:

Date authorized in North Carolina, if foreign corporation:

Name of North Carolina Registered Agent:

Address (number and street):

City, State, Zip Code:

Attach a copy of the front page only of your articles of incorporation bearing the North Carolina Secretary of State's dated filing stamp or a Certificate of Existence from the North Carolina Secretary of State. Foreign (out-of-state) corporations must attach a copy of the Certificate of Authority to do business in North Carolina from the North Carolina Secretary of State.

- 9a. On a separate sheet, list principal officers and directors with title, residence address and business phone number, as shown below. Also, list principal shareholders (owners of 10% or more of the corporate stock).

Name of officer, director, principal shareholder:

Title:

Residence Address (number and street):

City, State, Zip Code:

Business Phone:

**LIMITED LIABILITY COMPANY (To be completed by those operating as a limited liability company)**

10. Name of Limited Liability Company:

Principal Address: (number and street):

City, State, Zip Code:

Organized under the laws of what State?

Date of Organization:

Date authorized in North Carolina, if a foreign limited liability company:

Name of North Carolina Registered Agent:

Address (number and street):

City, State, Zip Code:

Attach a copy of the front page only of your articles of organization bearing the North Carolina Secretary of State's dated filing stamp or a Certificate of Existence from the North Carolina Secretary of State.

Foreign (out-of-state) limited liability companies must attach a copy of the Certificate of Authority to do business in North Carolina from the North Carolina Secretary of State.

10a. On a separate sheet, list the members and managers of the limited liability company with title, residence address and business phone number, as shown below.

Name of member or manager:

Title:

Address (Number and Street):

City, State, Zip Code:

Business Phone:

**LIQUID ASSETS**

11. General Statute 53-279(a) requires every licensee and applicant to have and maintain liquid assets of at least \$50,000 per licensee. List the amount of the applicant's current liquid assets, adjusted for returned checks that are doubtful of collection and cash remittances due others, as indicated below.

Cash on hand.....\$  
Cash in banks.....  
Money Market Accounts.....  
Undeposited checks.....  
Returned checks doubtful of collection (subtract).....  
Cash remittances due others (subtract).....  
TOTAL LIQUID ASSETS.....\$

12. On a separate sheet, provide a description of other business activity at the same location(s) as check-cashing.

13. On a separate sheet, provide a brief summary of the professional and educational background and experience of the applicant's owner, its directors, principal officers and managers. Resumes are acceptable.

14. Please answer the following questions. If your answer to any of the questions is "yes," attach a full, written explanation. Please include names, dates, court name and address, case number, judgment amounts, etc.
- a. Have any civil judgments been entered against the applicant, its members, officers, directors, or principals within the past 10 years?  
Yes      No
  - b. Has the applicant, its members, officers, directors, or principals been convicted of any felony?  
Yes      No
  - c. Has the applicant, its members, officers, directors, or principals been convicted of any misdemeanor involving theft, fraud or dishonesty?  
Yes      No
  - d. Has the applicant, its members, officers, directors or principals been the subject of any enforcement proceeding by any agency or department of the State of North Carolina, any other state or the federal government involving the revocation or suspension of any business license?  
Yes      No
  - e. Has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?  
Yes      No

**BRANCH INFORMATION**

15. Number of branch locations:

15a. On a separate sheet, list the address of each branch location, phone number, fax number and name of the manager, as shown below.

Address (number and street):

City, State, Zip Code: \_\_\_\_\_ County:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manager:

16. Each sole proprietor and each person listed in response to items #2, #8, #9a and #10a must complete page 6 of this application. Please duplicate additional pages as needed. Completion of page 6 is not required of directors and officers of a corporation that is registered with the United States Securities and Exchange Commission. Please furnish the corporation's FORM 10-K report.

***Pursuant to N.C.G.S. § 53-278(c), a nonrefundable application fee of \$250 plus a \$500 investigation fee must accompany this application. Make checks payable to "Department of Commerce / Banking Commission." Please make sure that all pages and attachments are completed and properly signed.***

**APPLICANT AGREEMENT AND CERTIFICATION**

Name of Applicant (type or print):

Under the penalties of perjury, I affirm that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct and complete. I understand that false statements made under oath in this application may result in the denial, suspension or revocation of a check cashing license.

Pursuant to GS 53-278(b), the applicant authorizes the Commissioner of Banks to conduct a financial and business responsibility background check, including but not limited to, the obtaining of credit bureau reports, and records and/or reports from any law enforcement or government agency as may be required to determine the general character and fitness of the applicant, or any of its members, officers, directors or principals to engage in the business of check-cashing. Further the applicant, its members, officers, directors or principals hereby authorize the release of requested information necessary to facilitate the final determination of the applicant by the Commissioner of Banks. It is further understood and affirmed that any response to an inquiry made by the Commissioner of Banks, with respect to the applicant, or any of its members, officers, directors or principals, is provided solely as a matter of courtesy and that any person, organization or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or wilful negligence.

I/we am/are authorized to make and sign this statement on behalf of the applicant.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Corporate seal) Name (type or print): \_\_\_\_\_  
Title: \_\_\_\_\_

Attest: \_\_\_\_\_  
Name (type or print): \_\_\_\_\_  
Title: \_\_\_\_\_

**(For applicants operating as corporations)**

STATE OF \_\_\_\_\_ COUNTY

The undersigned notary for the said county and state certify that \_\_\_\_\_ personally came before me this day and acknowledged that he/she is the \_\_\_\_\_ of \_\_\_\_\_, a corporation, and that by authority duly given and that as the act of the corporation the foregoing application, agreement and certification were signed in its name by its \_\_\_\_\_, sealed with its corporate seal, and attested by its \_\_\_\_\_.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

**(For sole proprietorship, partnership or limited liability company applicants)**

STATE OF \_\_\_\_\_ COUNTY

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_



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**AUTHORIZATION TO RELEASE INFORMATION**

The following information is furnished by the undersigned to the North Carolina Commissioner of Banks in conjunction with and is made a part of the application of

(print or type the full legal name of the applicant)

for a check-cashing business license pursuant to Article 22 of Chapter 53 of the General Statutes of North Carolina. By my signature I give my consent to the Commissioner of Banks to conduct a financial and business responsibility background check, including but not limited to, the obtaining of credit bureau reports, motor vehicle records, criminal records, records and/or reports from any law enforcement or government agency and other information as deemed necessary by the Commissioner of Banks. It is further understood and affirmed that any response to an inquiry made by the Commissioner of Banks with respect to me is provided solely as a matter of courtesy and that any person, organization or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or wilful negligence.

- 1. Full Name: (first) (middle) (last)
- 2. Title:
- 3. Social Security Number: 4. Driver's License Number: State:
- 5. Date of Birth: 6. Place of Birth:
- 7. Country of Citizenship:
- 8. Current Residence Address (number and street):  
City, State, Zip Code: Year: \ from to  
County:
- 9. Previous Residence Address (number and street):  
City, State, Zip Code: Year: \ from to  
County:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE DUPLICATE THIS FORM AS NEEDED***