



STATE OF TENNESSEE  
DEPARTMENT OF FINANCIAL INSTITUTIONS

**BILL HASLAM**  
GOVERNOR

414 UNION STREET, SUITE 1000  
NASHVILLE, TENNESSEE 37219  
(615)741-2236 FAX(615)741-2883

**GREG GONZALES**  
COMMISSIONER

**MEMORANDUM**

**TO: Check Cashers Licensee**

**FROM: Stephen Henley, Director  
Compliance Division**

**SUBJECT: Renewal Application and Annual Report  
Required by Tennessee Code Annotated § 45-18-109**

Attached you will find an Application for Renewal of Check Cashers License. Each license may be renewed upon application by the licensee showing continued compliance with the qualifications for a license and the filing of a completed renewal form and payment of a nonrefundable renewal fee of five hundred dollars (\$500).

**PLEASE NOTE:** The annual report forms are **not** included in this package. You must print the annual report form from the Department's Web site at [www.tn.gov/tdfi/](http://www.tn.gov/tdfi/). You will find a "Forms" link in the box titled "Related Topics" on the left side of the home page. Look for the annual report form under "Check Casher." Please complete and file it with your renewal application.

**IMPORTANT:** You are required to complete and return your **Renewal Application and Annual Report Form** to the Department on or before **Thursday, September 1, 2011**. According to TCA § 45-18-109(d), each licensee who fails to remit the renewal fee, renewal application and annual report by September 1, will incur a **late fee of fifty dollars (\$50) per day** until these requirements are met.

Please review the business name, telephone number, address and e-mail address shown on the application; and, if applicable, note any changes in the space provided. Business locations are presented on a separate page of the application. Please note any corrections to this information. **Please note: Before the Department can act upon your renewal application, all outstanding examination fees must be paid in addition to the renewal fee.** Also, respond to the questions and, if applicable, provide details on a separate sheet. Please sign the affidavit and have it notarized by a Notary Public. The affidavit must be executed by a duly authorized officer if the reporting entity is a corporation or limited liability company; by a partner if a partnership; or by the proprietor. In case of illness or inability of such person to sign the affidavit, it may be executed by a legal representative or agent. The renewal application must include a renewal fee of \$500 for **each** location. In addition, the licensee must maintain a minimum net worth of \$25,000 per business location.

Also, complete the Annual Report Form that includes a balance sheet and income statement. This report is designed to cover the business activities conducted under the Check Cashers Act for the period **January 1, 2010 to December 31, 2010**. Please follow the accompanying instructions. You may wish to confer with a certified public accountant (CPA) or public accountant. Please sign the Annual Report and have it notarized. Once complete, mail the application and accompanying documents to the following address:

Tennessee Department of Financial Institutions  
Compliance Division  
Attention: Stephen Henley  
414 Union Street, Suite 1000  
Nashville, Tennessee 37219

If you have any questions, please call our office at (615)741-3186.



**STATE OF TENNESSEE**  
**Department of Financial Institutions**  
**Compliance Division**  
**414 Union Street – Suite 1000**  
**Nashville, Tennessee 37219**  
**(615)741-3186**

**APPLICATION FOR RENEWAL OF CHECK CASHERS LICENSE**  
**DEADLINE: September 1, 2011**

Application is hereby made to renew the license(s) pursuant to the Check Cashing Act:

1. Person responsible for matters relating to this renewal application:  
Mailing address and telephone number(s) of home office:

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Name and Title

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Company

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Street

---

City, State, Zip Code

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Telephone Number

E-mail address

Fax Number

**NOTE CHANGES BELOW**

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Name and Title

---

Company

---

Street

---

City, State, Zip Code

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Telephone Number

E-mail address

Fax Number

Please answer all questions on this page. If necessary, provide details on a separate sheet. The licensee must also file the annual report with this application by **September 1, 2011**.

2. Provide a current list including: name, social security number, residence and business addresses, residence and business phone numbers, e-mail addresses, and title of each owner, partner, LLC member, director, corporate officer, five percent (5%) or more shareholder of the licensee. **(Please Attach)**
3. Has the licensee's business structure or ownership changed during the past year?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
4. Has the licensee filed for bankruptcy or reorganization within the last year?  
Yes  No  If Yes, provide details on a separate sheet of paper.
5. Has the licensee or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year?  
Yes  No  If Yes, please detail on a separate sheet of paper.
6. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending?  
Yes  No  If Yes, please detail on a separate sheet of paper.
7. During the past year has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholders been charged, indicted, summoned or convicted of any criminal offense, violation, or felony in Tennessee or elsewhere or had any litigation or lawsuit filed against it for any reason whatsoever, regardless of the event?  
Yes  No  If Yes, please provide details on a separate sheet of paper.
8. Is the licensee currently licensed and/or operating as a check cashing services business in another state?  
Yes  No  If Yes, please identify the state(s) on a separate sheet of paper.
9. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise?  
Yes  No  If Yes, please provide details on a separate sheet. Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.
10. By providing your email address, the Department can send you information quicker and more efficiently.

E-mail address \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, the undersigned being the \_\_\_\_\_  
of \_\_\_\_\_, licensee, swear (or affirm), that to the best of my  
information, knowledge and belief the statements contained in this report, including the accompanying  
schedules and statements (if any) are true, correct; and, that the same is a true and complete statement  
accordance with the laws of the State of Tennessee. This statement is executed with the knowledge that  
misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to  
issue or renew a license by the Tennessee Department of Financial Institutions. Further, I am aware that later  
discovery of an omission or misrepresentation, made in any of these statements in this application, may be  
grounds for the revocation of a license.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Seal

\_\_\_\_\_  
My Commission Expires

**THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY  
A RENEWAL FEE OF \$500 FOR EACH LICENSE.  
MAKE THE CHECK PAYABLE TO THE  
TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS.**

**EACH BUSINESS LOCATION IS PRESENTED ON THE FOLLOWING PAGE(S). PLEASE REVIEW  
THE INFORMATION AND, IF APPLICABLE, MAKE ANY CORRECTIONS IN THE SPACE PROVIDED.**

**UNIFORM STATE REPORT/ANNUAL REPORT**  
**INTRODUCTION AND INSTRUCTIONS**

The purpose of the uniform state report is to provide a detailed summary of information for all operations conducted by the legal entity required to file in accordance with Tennessee Code Annotated § 45-18-109 of the Check Cashing Act, or imposed by the regulating authority administering the Act.

The reporting entity must follow all instructions explicitly. If a company or affiliate operates more than one licensed office, the report must be filed on a composite basis. When preparing the report, do not underline or change captions. Report all amounts in even dollars. Where insufficient space is provided to set forth the facts adequately, annex a schedule giving the details.

The following schedule letters, captions and item numbers correspond with those shown in the report.

**REPORTING ENTITY: INSTRUCTIONS**

**Schedule A**  
**Statement of Income and Expenses**

The purpose of this schedule is to show all income derived or produced by the reporting entity during the period covered by the report.

- (1) Check Cashing Fees Collected and/or Earned: This account must report all check cashing fees.
- (2) Other Business Income: This account must itemize all other revenue earned or collected by the reporting entity not derived from check cashing.
- (3) Total Income: The sum of Items 1 and 2 under Combined Column.
- (4) Advertising: This account must show the amount of expenses for promoting the business of the reporting entity. Show only the amount for purchases of advertising supplies or outside services.
- (5) Audit/Examinations: This account must show the amount of expenses by the reporting entity for auditing and/or examinations during the year.
- (6) Charge-Offs: This account must show expenses reported when default occurred.
- (7) Depreciation and Amortization: This account must show the amount of all depreciation and amortization expenses occurred during the year for fixed assets and other depreciable and amortizable assets.
- (8) Insurance and Fidelity Bonds: This account must show the amount of expenses by the reporting entity for all insurance and bonding requirements.
- (9) Legal and Accounting Fees: This account must show the amount of expenses by the reporting entity during the year for all legal and accounting fees related to the activities of outside counsel.

- (10) Office Supplies: Must include printing, office supplies, and other general office expenses.
- (11) Rent, Maintenance Services and Utilities: This account must show the amount of rent paid during the year, plus fees for maintenance and utilities.
- (12) Total Compensations of Officers and/or Owners: This item must include all salaries, bonuses, pensions and other compensation paid to officers and owners of the reporting entity.
- (13) Salaries or wages of all Employees: This item must include all salaries, bonuses, wages, pensions paid to employees of the reporting entity.
- (14) Tax other than on Income: All tax excluding state and federal income tax.
- (15) License Fees: This account must show the amount of all licensing fees paid to city, county, state and federal government.
- (16) Telephone/Fax /Internet: This item must include the amount of fees paid during the year for all facsimile, telephone, and internet services.
- (17) Travel and Meals: This account must show the amount of expenses by the licensee for business travel and meals.
- (18) Miscellaneous: This account must list all other expenses incurred by the reporting entity not otherwise shown.
- (19) Interest Expense: Represents total interest expenses on all debt obligations during the year.
- (20) Total Expenses: Sum of Items 4 through 19.
- (21) Income Before Tax: Item 3 less Item 20.
- (22) Tax(es): This item must show the amount of state and federal income taxes paid or accrued for the year.
- (23) Total Expenses including Tax: Item 20 plus Item 22.
- (24) Net Income: Item 3 less Item 23.

**Schedule B**  
**Balance Sheet**

The purpose of this schedule is to show the financial position of the reporting entity for the period covered by this report.

- (1) Cash and Cash Equivalents: This account must include all cash and any instruments that converted into cash within 90 days.
- (2) Securities: This account must report the amount of investments in securities, such as stocks, bonds and other securities.
- (3) Accounts Receivable: This account must reflect the balance due from customers less the allowance for bad debts.
- (4) Notes Receivable: This account represents any obligations due the licensee from unrelated or non-affiliated entities pursuant to a written promissory note or loan.
- (5) Cash Surrender Value of Life Insurance on Officers, Owners: This account must report the cash surrender value of life insurance policies carried by the reporting entity. **(Do Not Report the Face of the Policy)**
- (6) Prepaid Expenses: This account must show the expenses paid in advance.
- (7) Total Current Assets: The sum of Item 1 through Item 6.
- (8) Furniture, Fixtures & Equipment: This account must report the cost of tangible assets, such as furniture, computers, office equipment, signs and other fixtures owned by the company less accumulated depreciation.
- (9) Vehicles: This account must show the cost of vehicles less accumulated depreciation titled in the licensee's name
- (10) Buildings: This account must show the cost of the building(s) owned by the reporting entity less accumulated depreciation.
- (11) Leasehold Improvements: This account must show the cost of improvements to leased property, such as buildings, walkways, landscaping, etc., less accumulated depreciation.
- (12) Land: This account must show the cost of the land owned by the reporting entity.
- (13) Total Fixed Assets: The sum of Item 8 through Item 12.
- (14) Other Assets: This account must show the value of other assets owned by the reporting entity.
- (15) Investment(s) in Other Business: Equities in other businesses not included in the above reporting.
- (16) Total Assets: The sum of items 7, 13, 14 and 15.

- (17) Accounts Payable: This account must report current liabilities to creditors.
- (18) Payroll: This account must report the amount of wages, salaries or other compensation due to employee(s) of the reporting entity during the current period.
- (19) Rents Payable: This account must report the rent or lease payments due in the current period.
- (20) Taxes: This account must report the amount of all federal, state, city and county taxes due in the current period.
- (21) Current portion of Long-Term Debt: This account must report the current debt payable within 12 months.
- (22) Other Current Liabilities: Other current liabilities not listed above.
- (23) Total Current Liabilities: Sum of item 17 through Item 22.
- (24) Mortgage, Bonds & Notes Payable: This account must report the amount of long-term obligations.
- (25) Other Long-Term Liabilities: Other long-term liabilities not listed above.
- (26) Total Long-Term Liabilities: The sum of Items 24 and 25.
- (27) Total Liabilities: The sum of Item 23 and Item 26.
- (28) Capital: This account must show the reporting entity's Paid-in Capital.
- (29) Retained Earnings:
- (a) Beginning Balance: This account must show the reporting entity's accumulated earnings as of January 1, 2010.
- (b) Net Income: This account must show the amount listed on Schedule A, Number 24, Combined Columns on the Income and Expense Statement.
- (c) Deduction or Distributions: This account must report the amount of distributions to the proprietor, partners, LLC members, stockholders, etc.
- (d) Ending Balance: The sum of items (a) and (b) less (c).
- (30) Total Net Worth: Sum of Items 28 and 29(d).
- (31) Total Liabilities and Net Worth: The sum of Item 27 and 30. **This amount should equal Item 16, Total Assets.**

ANNUAL REPORT  
CALENDAR YEAR ENDING DECEMBER 31, 2010

LICENSEES ENGAGED IN THE BUSINESS OF  
**CHECK CASHING**  
IN THE STATE OF TENNESSEE

**DEADLINE: SEPTEMBER 1, 2011**

**READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT**

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

**REPORTING ENTITY**

1. Name of Licensee: \_\_\_\_\_
2. Licensee Number: \_\_\_\_\_
3. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location. *Please attach*
4. Business Type:
  - a)  Proprietorship
  - b)  Partnership
  - c)  Limited Partnership
  - d)  Limited Liability Company
  - e)  Corporation
  - f)  Other \_\_\_\_\_

**Schedule A**

**Income and Expense Statement  
For the Period of January 1, 2010 to December 31, 2010**

**INCOME**

	<u>CC Business</u>	<u>Other Business</u>	<u>Combined</u>
1. Check Cashing Fees Collected and /or Earned	_____	_____	_____
2. Other Business Income	_____	_____	_____
3. Total Income	_____	_____	_____

**EXPENSES** *(Allocate by Percentage of Income)*

4. Advertising	_____	_____	_____
5. Audit/Examination(s)	_____	_____	_____
6. Charge-offs	_____	_____	_____
7. Depreciation and Amortization	_____	_____	_____
8. Insurance and Fidelity Bonds	_____	_____	_____
9. Legal/Accounting Fees	_____	_____	_____
10. Office Supplies	_____	_____	_____
11. Rent, Maintenance Services and Utilities	_____	_____	_____
12. Total Compensation of Officers and/or Owners	_____	_____	_____
13. Salaries or wages of all Employees	_____	_____	_____
14. Taxes other than on Income	_____	_____	_____
15. License Fees	_____	_____	_____
16. Telephone/Fax/Internet	_____	_____	_____
17. Travel & Meals	_____	_____	_____
18. Miscellaneous	_____	_____	_____
19. Interest Expense	_____	_____	_____
20. Total Expenses (Total Items 4 through 19)	_____	_____	_____
21. Income before Tax (Item 3 less Item 20)	_____	_____	_____
22. Taxes			
(a) State	_____	_____	_____
(b) Federal	_____	_____	_____
23. Total Expenses including tax (Item 20 plus Item 22)	_____	_____	_____
24. Net Income (Item 3 less Item 23)	_____	_____	_____

**Schedule B**  
**Balance Sheet**

**For Year End December 31, 2010**

**ASSETS**

1. Cash and Cash Equivalents		_____
2. Securities		_____
3. Accounts Receivable	_____	
(a) Less allowance for bad debts	( _____ )	_____
4. Notes Receivable		_____
5. Cash Surrender Value of Life Insurance on Officers, Stockholders, Owners <b>(DO Not Report Face of Policy)</b>		_____
6. Prepaid Expenses		_____
7. TOTAL CURRENT ASSETS (Items 1 through 6)		_____
8. Furniture, Fixtures & Equipment	_____	
(a) Less accumulated depreciation	( _____ )	_____
9. Vehicles	_____	
(a) Less accumulated depreciation	( _____ )	_____
10. Buildings	_____	
(a) Less accumulated depreciation	( _____ )	_____
11. Leasehold Improvements	_____	
(a) Less accumulated depreciation	( _____ )	_____
12. Land		_____
13. TOTAL FIXED ASSETS (Items 8 through 12)		_____
14. Other Assets		_____
15. Investment in other Business		_____
16. TOTAL ASSETS (Total Items 7, 13, 14 & 15)		=====

**LIABILITIES**

17. Accounts Payable \_\_\_\_\_

18. Payroll Payable \_\_\_\_\_

19. Rent Payable \_\_\_\_\_

20. Tax Payable \_\_\_\_\_

21. Current portion of Long-Term Debt  
(Short Term: Less than 12 months) \_\_\_\_\_

22. Other Current Liabilities \_\_\_\_\_

23. TOTAL CURRENT LIABILITIES (Items 17 through 22) \_\_\_\_\_

24. Mortgage, Bonds, Notes Payable  
(Long Term: More than 12 months) \_\_\_\_\_

25. Other Long-Term Liabilities \_\_\_\_\_

26. TOTAL LONG TERM LIABILITIES (Items 24 and 25) \_\_\_\_\_

27. TOTAL LIABILITIES (Total Items 23 and 26) \_\_\_\_\_

**Net Worth**

28. Capital \_\_\_\_\_

29. Retained Earnings:  
(a) Beginning Balance (January 1, 2010) \_\_\_\_\_  
(b) Add: Net Income \_\_\_\_\_  
(c) Deduct: Deduction or Distributions ( \_\_\_\_\_ )  
(d) Ending Balance (December 31, 2010) \_\_\_\_\_

30. TOTAL NET WORTH (Total Items 28 through 29d) \_\_\_\_\_

31. TOTAL LIABILITIES & NET WORTH (Total Items 27 and 30) =====