



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:

Name and Title

Company

Street

City, State, Zip Code

Telephone Number

E-mail address

Fax Number

NOTE CHANGES BELOW

Name and Title

Company

Street

City, State, Zip Code

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.