

## TENNESSEE CHECK CASHER LICENSE APPLICATION

### General Information and Instructions

This form is provided to applicants proposing to engage in the business of cashing payment instruments under the Tennessee Check Cashing Act (Tenn. Code Ann. §§ 45-18-101, *et seq.*). "Check casher" is defined as "a person who, for compensation, provides currency in exchange for payment instrument received." A separate license is required for each location from which the business is conducted. **If you are applying for additional check casher locations, please complete the [Uniform Branch Application](#).** A check casher license expires on December 31 of each year.

Attached	Requirements
<input type="checkbox"/>	<b>APPLICATION:</b> A completed application for a Check Casher License with required documents mailed to the department. <b>Incomplete applications, without the required supporting documents, will not be processed.</b>
<input type="checkbox"/>	<b>FEE:</b> A non-refundable filing fee of <b>\$625.00 for each location</b> payable to: <b>Tennessee Department of Financial Institutions;</b>
<input type="checkbox"/>	<b>FINANCIAL STATEMENT:</b> A current financial statement prepared by a Certified Public Accountant in accordance with Generally Accepted Accounting Principles dated for the immediately fiscal year end. Financial statements should include a Balance Sheet, Income Statement, and all relevant notes thereto. If the applicant is a start-up company, an independent certified public accountant or public accounting firm provided balance sheet and projected income statement is required. The applicant must have a tangible net worth of \$25,000 for each location;
<input type="checkbox"/>	<b>VERIFICATION OF CASH:</b> A current bank statement and/or verification of deposit;
<input type="checkbox"/>	<b>CERTIFICATE OF AUTHORITY:</b> Certificate of Authorization to do business in Tennessee (Limited Liability Companies, Limited Partnerships, and Corporations only). For more information, please visit: <a href="#">Tennessee Secretary of State</a> . <i>Foreign applicants must submit a Certificate of Good Standing from the state of incorporation;</i>
<input type="checkbox"/>	<b>RESUME:</b> A resume for each person listed in response to question 5;
<input type="checkbox"/>	<b>CREDIT REPORT:</b> A copy of a full, current credit report from a major credit bureau (TransUnion, Experian, or Equifax) for the applicant and all persons listed in response to question 5. These credit reports must be dated within thirty (30) days prior to the date of the application. Provide an explanation of any negative information on the credit report.
<input type="checkbox"/>	<b>FINCEN REGISTRATION:</b> The applicant is required to be register with the Financial Crimes Enforcement Network (FinCEN) as a money service business (MSB). Please register at the following link ( <a href="#">FinCEN Registration</a> ) and provide proof of registration with your application.

## TENNESSEE CHECK CASHER LICENSE APPLICATION

All information must be typed or printed legibly in ink. Please respond to each item. If a particular item does not apply, enter "not applicable" or "NA". This application, along with supporting documents, must be mailed to the department.

### I. APPLICANT INFORMATION

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

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Company	<input type="radio"/> Corporation
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1a. Name of Company (See Below):

- If **Sole Proprietorship**, please enter individual's name;
- If **Partnership**, use names in partnership;
- If **LLC, LP or Corporation**, use name registered with the [TN Secretary of State](#)

1b. DBA (if applicable):

2. Physical address of office to be registered:

City: State: Zip Code:

2a. Headquarter's address (if different from office address):

City: State: Zip Code:

2b. Business Telephone: Fax:

E-mail address (required):

## I. APPLICANT INFORMATION - CONTINUED

2c. Federal Tax ID Number

Last 4 digits of SSN for Applicants Applying as Individuals  
(Numbers only)

3. Contact person regarding this application (Name, Title)

Business Telephone:

Fax:

E-mail address (required):

4. Name of Person who will be managing check casher business:

4a. List the name and e-mail address of person who will be the (if applicable):

Chief Executive Officer:

E-mail:

Licensing Contact:

E-mail:

Examination Contact:

E-mail:

Billing/Assessment Contact:

E-mail:

## II. BUSINESS STRUCTURE

5. List name, title, residence address, and business phone number of all officers, directors, shareholders (owners of 5% or more of the company). Attach resumes of all individuals. Use separate [business structure form](#) if more space is needed and attach to application.

a. Name of officer, director, shareholder:

Title:

Business Phone:

Residence Address:

City, State, Zip Code:

Last 4 digits of SSN: xxx-xx-

Date of Birth:

**Sole Proprietors/Partnerships Only:** Are you and/or all partners U.S. citizen(s)?

Yes ☐

No ☐

*\*If no, please fill out the [Eligibility Verification Letter](#) and provide the applicable documentation*

b. Name of officer, director, shareholder:

Title:

Business Phone:

Residence Address:

City, State, Zip Code:

Last 4 digits of SSN: xxx-xx-

Date of Birth:

## II. BUSINESS STRUCTURE - CONTINUED

c. Name of officer, director, shareholder:

Title:  Business Phone:

Residence Address:

City, State, Zip Code:

Last 4 digits of SSN: xxx-xx- Date of Birth:

d. Name of officer, director, shareholder:

Title:  Business Phone:

Residence Address:

City, State, Zip Code:

Last 4 digits of SSN: xxx-xx- Date of Birth:

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Name:

**SOLE PROPRIETORS/PARTNERSHIPS:** *\*If you are not an U.S. citizen, please fill out the [Eligibility Verification Letter](#) and provide the applicable documentation.*

• **PARTNERSHIPS:** A copy of the partnership agreement along with any amendments

• **CORPORATIONS:** A copy of the corporate charter or certificate of incorporation

• **LIMITED LIABILITY COMPANIES & PARTNERSHIPS:** A copy of the articles of organization and operating agreement along with any amendments

### CORPORATIONS/LIMITED LIABILITY COMPANIES & PARTNERSHIPS ONLY

6a. State of Incorporation/Organization:

6b. Date of Incorporation/Organization:

6c. [Tennessee Secretary of State Corporate ID Number:](#)

6d. List all states that the company operates in:

### III. DISCLOSURE QUESTIONS

7. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholder(s) or beneficiaries (of a trust):

a. Been licensed (previously or currently) to conduct business as a Lender or similar type business in Tennessee or any other state(s)? *If yes, please describe in the space below.*

Yes ☐ No ☐

b. Been indicted, convicted, pled guilty or pled nolo contendere to a felony? *If yes, please describe in the space below and attach judgment(s) and plea agreement(s)*

Yes ☐ No ☐

c. 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? *If yes, please describe below and attach copies of the final order(s), consent decree(s), agreed order(s), assurance(s) of voluntary compliance and/or any other supporting documentation.*

Yes ☐ No ☐

### III. DISCLOSURE QUESTIONS - CONTINUED

d. Had any contingent liabilities as endorser, or guarantor, or otherwise? Include all pending litigation, and note any potential settlement amounts that could significantly affect the applicant's financial condition. *If yes, please describe below and attach copies of all order(s), judgments, pleadings and other supporting documentation.*

Yes ☐ No ☐

e. Ever filed Chapter 7, 11 or 13 Bankruptcy? *If yes, please explain below and attach copies of all order(s), judgments, pleadings and other supporting documentation.*

Yes ☐ No ☐

## **REMINDER**

**Please review, save, and print application before you send to the department. An e-mail will be sent to the person responsible for this application once all required documents are received by the department.**

# ATTESTATION PAGE

## 8. Notarization (Notary must be independent and not affiliate with applicant)

STATE OF

COUNTY OF

I,

,of

name and title

entity name

organized in the State of

do hereby declare that I am duly authorized to file the

foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the application. I further declare that I have read and understand all the requirements of the Act (TCA § 45-18) under which I am applying.

Signature and Title

Subscribed and sworn to before me on

this \_\_\_\_ day of \_\_\_\_.

Notary \_\_\_\_\_

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

**NOTARY SEAL**

Please send all requirements, together, listed on the General Information and Instructions Page to the address below:

Tennessee Department of Financial Institutions  
Compliance Division  
Tennessee Tower, 26th Floor  
312 Rosa L. Parks Avenue  
Nashville, TN 37243  
Telephone: (615)741-2236 Fax: (615)253-7794