



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING

1511 Pontiac Avenue, Building 68-2
Cranston, Rhode Island 02920

Telephone: (401) 462-9503 – Facsimile: (401) 462-9532

CHECK CASHER BRANCH CERTIFICATE APPLICATION

Application is hereby made pursuant to R. I. Gen. Laws §19-14-12, as amended, for the establishment of a branch office. Applicant shall complete and file an application for a branch certificate for each location from which it intends to be engaged in the business checked below.

____ Check Casher Branch Certificate §19-14.4

Main Office License Number _____

1. Name and Main Office Address of Applicant:

Name of Applicant: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

2. Name under which business is to be transacted (if other than the name in #1 above):

[Attach the D/B/A Form/Fictitious Name Statement from the appropriate City, Town, County, or State authority.]

3. Address of Proposed Branch Office:

Street: _____

City, State, Zip: _____

Telephone Number: _____

A Zoning Certificate is required if the above location is a residence. A license may be issued to a location outside of the State of Rhode Island.

The branch certificate applied for will be issued in the name provided in #2 above for business to be conducted at the address provided in #3 above. Annual report forms as well as other mail will be sent to the main office address (#1 above).

4. **Other Business:**

A. Will any other business be conducted at any location for which the license is being requested?
YES _____ NO _____

Check **YES only** if any business, in addition to the business of lending or loan brokering, will be conducted at the location for which a Rhode Island license is being requested. **If Yes, applicant must provide the following information for any other business to be conducted at such location(s).**

- a. A description of the other business(es);
- b. The names of the principals of the other business(es) being requested and their relationship to applicant; and
- c. The relationship, if any, between applicant and the other business(e) such as financial arrangements, sharing of common floor space, sharing of equipment, common entrance, common signage, referrals, etc.

No such other business shall be conducted at any location for which a Rhode Island license may be issued, until authorized in writing by the Director of Business Regulation or his or her designee pursuant to R. I. Gen. Laws § 19-14-24.

B. Will the Applicant conduct the business of lending/loan brokering which is subject to the laws of another state at the location for which the Rhode Island branch certificate is being requested?
YES _____ NO _____

Permission to conduct Rhode Island lending/brokering from a location in which lending/brokering that is subject to the laws of another state will be conducted will be authorized in writing by the Director of Business Regulation or his or her designee pursuant to R. I. Gen. Law § 19-14-24.

5. **Name, residence address and date of birth of the manager or the person designated to operate the licensed business:**

Name _____

Residence Address _____

City, State, Zip _____

The individual named above must have at least **five (5) years of experience in the type of business for which a license is being sought**, including, without limitation, employment, supervision, or independent work experience.

Attach a resume and employment history of the above including the names and addresses of present and former employers. The employment history must include the number, complexity and types of transactions handled in relation to the type of license sought by the application.

To enable the Division to determine whether the applicant will operate the business honestly and in accordance with the standards established in Title 19, Chapter 14, a criminal background check may be made of the proposed manager. Any Bureau of Criminal Identification ("BCI") report information received as the result of this criminal background check will not be open to public inspection at anytime. The proposed manager shall submit the following information:

- a. Completed Authorization for Background Check and Release Form;
- b. Two (2) FBI fingerprint cards (Division of Banking **DOES NOT** supply cards);
- c. Completed Certification of Fingerprinting Form (available at www.dbr.ri.gov home page);
- d. A check in the amount of thirty-five dollars (\$35.00) for each individual payable to "BCI" for the cost of each Background Check; and

- e. A signed personal financial statement (available at www.dbr.ri.gov home page), representing each individual's respective financial position within the sixty (60) day period leading up to the filing of the initial application.

6. **Enclose the following:**

a. **Corporate Applicants:**

- (1) A certified copy of the resolution of the board of directors, which authorizes the filing of this application. The officers/persons who sign this application ***must*** be named in the resolution.
- (2) A Certificate of Good Standing issued by the Rhode Island Secretary of State.

b. **Partnership and Association Applicants:**

- (1) A certified copy of the resolution of the partners which names the officers/persons authorized to file and sign this application.
- (2) Limited Partnerships must provide a Certificate of Good Standing for the Limited Partnership from the Rhode Island Secretary of State.
- (3) General Partnerships must provide a Certificate of Good Standing for the General Partnership from the City or Town in which they are registered.

c. **All Applicants:**

- (1) A statement that describes how the establishment of the proposed branch office will promote the convenience and advantage of the community in which the licensed business is to be conducted.
- (2) A financial statement dated ***not more than sixty (60) days*** prior to the application date showing assets and liabilities, prepared in accordance with generally accepted accounting principles and signed by the applicant.
- (3) An investigation fee of **\$180.00** for a check casher **\$100.00** for a Debt Management Plan with each application submitted, made payable to the "General Treasurer - State of Rhode Island" as provided in R. I. Gen. Laws §19-14-3.
- (4) If applicable, a bond rider which increases the bond coverage in effect for the existing license by five thousand dollars (\$5,000), ***executed by a SURETY COMPANY licensed to do business in Rhode Island***, issued to the applicant as stated in response to question two (2) of page one (1) of the application showing the address of the licensed main office of the applicant. The rider shall reflect a change in coverage due to the establishment of the branch office. If the applicant will be using a d/b/a, the rider should be executed as "[Applicant] d/b/a [Name to be Used]". Please note that check cashers do not need to comply with this requirement unless they accept checks with deferred payment.
- (5) Applicant shall provide evidence to the Division that a notice of the application, in the form attached to this application, has been published in a newspaper of general circulation in the State of Rhode Island, along with the dates on which the notice was published.

Filing Note

All information and documentation requested must be submitted concurrently. Pursuant to R. I. Gen. Laws §19-14-8, if, within sixty (60) days of the initial filing of the application, the applicant has failed to provide the necessary factual data in order to complete the application, the Director or the Director's designee shall notice the applicant, by certified mail, that the application shall be considered in default and rejected if all necessary data for a completed application is not received within fourteen (14) days of said notice unless the application is withdrawn in writing.

The applicant, in signing this application, affirms under oath that the responses in the application and all documents appended thereto are true and accurate.

THE APPLICANT IS SIGNING FOR AN ENTITY THAT IS A.: **(Check only one):**

_____ Sole Proprietorship _____ Limited Partnership _____ Association _____ Limited Liability Company
_____ Corporation _____ General Partnership _____ Other (explain) _____

Signed at _____, this _____ day of _____, 20____
(City, State)

by: _____ by: _____ by: _____
Name (Type or Print) Name (Type or Print) Name (Type or Print)

Signature Signature Signature

Title Title Title

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Seal

Notary Public

My commission expires _____, 20____



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING

1511 Pontiac Avenue, Bldg. 68-2
 Cranston, Rhode Island 02920

Telephone (401) 462-9503 – Facsimile (401) 462-9532

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name _____

Street Address _____

City, State, Zip Code _____

I, _____,
 (Type or Print Full Name and Title)

of _____,
 (Type or Print Residence Address, City, State, Zip Code)

having a date of birth of _____ and social security number of _____ hereby voluntarily direct and authorize the Division of Banking of the Department of Business Regulation to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Business Regulation, the employees of the Attorney General's Office and the employees and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions on Page 2 of 2. An affirmative response to any question requires a signed explanation. (Additional copies of this form may be reproduced as needed.)

Company Name _____

Individual's Name _____
(Type or Print)

Has the director, officer, manager or principal stockholder or any organization in which said person served as a director, officer, manager, or a principal stockholder ever:

1. Made application for a financial license in this state or any other state that was denied, refused or withdrawn, or had a financial license suspended, revoked or canceled?

YES _____ NO _____

2. Been enjoined or restrained by order of any court from continuing any conduct or practice in connection with the type of activity for which a license is being requested?

YES _____ NO _____

3. Adversely been the subject of or named in any order issued by any court, official or agency of any state or other authority engaged in regulating the business activity for which a license is being requested?

YES _____ NO _____

4. Been the subject of any bankruptcy, receivership, or insolvency proceedings?

YES _____ NO _____

5. For any violation of law other than a motor vehicle violation been (check all that apply):

Arrested YES _____ NO _____ Prosecuted YES _____ NO _____

Indicted YES _____ NO _____ Convicted YES _____ NO _____

6. Attach copy of a Photo ID (i.e. Valid Drivers License or ID Card.)

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name (Type or Print) _____ Title _____

Signature _____ Date _____

Notary Public _____

Notary Seal

My Commission Expires _____, 20_____

TO BE PUBLISHED IN A LOCAL NEWSPAPER

SAMPLE NOTICE

CHECK CASHING

Note: Applicant must fill in blanks with the information requested.

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BANKING
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920**

**APPLICATION FOR A LICENSE TO CONDUCT THE BUSINESS OF
CHECK CASHING**

Application has been made by _____
(Insert name)

(Insert address of applicant)

to the Department of Business Regulation, Division of Banking, for the issuance of a branch certificate license (“license”) to conduct the business of check cashing at the location indicated below:

Any person wishing to comment or object to the issuance of said license should file his or her written comment or objection with the Division of Banking within ten (10) business days of the date of the publication of this notice. The Director of Business Regulation will consider all comments or objections received within said ten (10) day period when rendering a decision on the application.