

**N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

**LICENSE APPLICATION INSTRUCTIONS
NEW JERSEY IN-STATE OFFICE LOCATION REQUIRED**

All applications submitted to this office must be complete and include all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. No further review will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.

GENERAL INSTRUCTIONS

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. A limited liability company must submit a copy of the LLC operating agreement. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.

SPECIAL INSTRUCTIONS CHECK CASHER APPLICATION

This is an application for licensure as a check casher pursuant to the New Jersey Check Cashers Regulatory act of 1993, N.J.S.A. 17:15A-30 et. seq. In part, this law provides that “No office or mobile office shall be located within 2,500 feet of an existing office or mobile office, that distance being measured as the radius of a circle with the entrance to the existing office or mobile office considered as the center point from which the radius is measured.” Since there are no exceptions to the geographic restriction, this issue must be carefully reviewed to determine the viability of submitting an application. All applicants must submit a certified survey clearly establishing the distance between your proposed address (in the case of mobile offices, each proposed mobile stop) and all other licensed check cashers, both stationary offices and approved mobile office stops, both in the city where the proposed branch office is to be located and in any surrounding contiguous communities that might fall within the 2,500 foot radius.

NOTE: applications that do NOT include the required certified survey and evidence of completion of the required fingerprinting process upon submission will NO LONGER be accepted and will be returned without further review.

You must identify any other business being conducted or intended to be conducted at the office location to be licenses. Please note that N.J.S.A. 17:15A-47(f) states that a check casher is PROHIBITED from engaging in business other than a business which primarily provides financial services at an office or mobile office. The statement providing this information must be notarized and must fully describe the nature and scope of any other businesses and how such other businesses will be physically separated from the proposed check cashing business.

In addition to the general instructions, you must also submit the following items:

- A. An unqualified, audited financial statement prepared by a Certified Public Accountant that is in good standing with the Board of Accountancy. The financial statement, prepared in accordance with generally accepted accounting principles, must demonstrate that the applicant has a minimum net worth of \$50,000 per location to be licensed and a minimum in liquid assets of \$50,000 per location to be licensed.
- B. A letter from the bank, on the bank’s stationary, confirming that the applicant has established a relationship with a New Jersey financial institution to handle the account(s) for its check cashing business.
- C. A notarized statement from the Certified Public Accountant who has been engaged to provide accounting services for the proposed check cashing business stating that the accountant will allow the New Jersey Department of Banking and Insurance to examine all records of the check cashing business at the accountant’s place of business during normal business hours.
- D. A copy of the deed, lease, or rental agreement for the premises to be licensed.

- E. A written physical description of the premises to be licensed.
- F. Four photographs, 2 exterior and 2 interior, clearly depicting the premises to be licensed.
- G. Evidence of compliance with local zoning requirements, specifically identifying that a check cashing operation may be located at the proposed site, in the form of a letter from the local zoning officer.
- H. A notarized statement identifying any other business being conducted or intended to be conducted at the office location to be licensed. Please note that N.J.S.A. 17:15A—47(f) states that a check casher is **PROHIBITED** from engaging in business other than a business which primarily provides financial services at an office or mobile office. This statement must fully describe the nature and scope of any other businesses and how such other business will be physically separated from the proposed check cashing business.
- I. If the principal office is a mobile unit, submit the following:
 - a. Copy of the vehicle registration.
 - b. Copy of the vehicle title.
 - c. Copy of the insurance card or other evidence of insurance coverage.
 - d. Four photographs, 2 interior and 2 exterior, clearly presenting a picture of the vehicle to be utilized.
 - e. Schedule identifying: (1) the street and city address of each proposed stop; and (2) the days and hours of operation for each stop.
- J. Include for each director, substantial stockholder (owning more than 10% of stock), officer, owner, partner, member, manager and employee:
 - a. Personal Certification
 - b. 2” x 2” Passport type photograph with individual’s and company’s name on the back.
 - c. Officers, partners, members, and sole proprietors **ONLY** – three (3) letters of character reference from persons with standing in their community on letterhead that is clearly indicative of their positions
- K. **Electronic Fingerprint Processing:** each director, substantial stockholder (owner of ten percent or more), officer, owner, partner, member, manager and employee **MUST** complete LiveScan fingerprinting and be cleared through the New Jersey State Police and the Federal Bureau of Investigation.

Evidence of completion of the fingerprinting process **MUST** include:

 - (1) Copy of the individual’s completed Universal Form; and
 - (2) Copy of the payment receipt issued by MorphoTrust the fingerprint LiveScan vendor, issued at the time of completion of the LiveScan printing.

For more information on the fingerprinting process, go to:
<http://www.state.nj.us/dobi/banklicensing/checkcashfingerprint06.html>

If any of the individuals requiring fingerprinting do **NOT** live, work or go to school in New Jersey **or** do **NOT** live, work or go to school within ten (10) miles of any of New Jersey's borders, contact the Licensing Services Bureau, Banking in writing by emailing Bliconline@dobi.nj.gov for appropriate information and forms for completion of the required fingerprinting. The written request **MUST** include the type of license for which you are applying, the name and mailing address of the company as well as identification of the individuals who will need fingerprinting and a contact name and telephone number. **NOTE:** This process will include the use of "ink and roll" fingerprint cards that can be obtained **ONLY** through the Licensing Services Bureau, Banking, and that must be taken to the individual's local police/state police jurisdiction for completion.

Questions concerning this application should be directed to Licensing Services Bureau at (609) 292-7272 (follow menu prompts and select #3, then select #2, then select #1 to be connected to Banking Licensing staff)

APPLICATION MUST BE COMPLETE UPON SUBMISSION OR IT WILL BE RETURNED

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE**

LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

LICENSE APPLICATION
NEW JERSEY IN-STATE OFFICE LOCATION REQUIRED

INDICATE TYPE OF LICENSE:
Motor Vehicle Installment Seller Home Repair Contractor Pawnbroker
Check Casher

THIS APPLICATION IS FILED BY A:	Corporation	Sole Proprietor	Partnership
	Limited Partnership	Limited Liability Company	

TYPE OR PRINT CLEARLY

1. Name of applicant: _____
D/B/A or Trade Name (if applicable)

2. N.J. Principal Business Address: (include County) _____

Contact Person _____ Tel. No. _____

E-mail address (Required) _____

3. Federal Tax Identification No. _____

4. Alternate mailing address, if different from address to be licensed:

_____ Address

_____ Person to Contact Telephone No.

5. Officer/Member/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholder/Member information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER-SHIP	BUSINESS ADDRESS

8. Name and business address of the registered agent in this State _____

9. Date of incorporation/formation: _____

10. Place of incorporation/formation: _____ in the County of _____ State of _____

11. Date of authorization to do business in New Jersey _____ (applicable to foreign corporations).
 Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, members, directors, partners, owners or substantial stockholders over 18 years of age? Yes ___ No ___. Are all of the officers, members, directors, partners, owners or substantial stockholders citizens of the United States? Yes _____ No _____.

13. Is the applicant or any officer, member, director, partner, owner or substantial stockholder now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____

14. Has the applicant or any officer, member, director, partner, owner or substantial stockholder had any fines or penalties levied in this state, any other state, or federal jurisdiction? Yes _____ No _____

15. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime or misdemeanor (other than a motor vehicle violation) in this state, any other state, or by the federal government? Yes ____ No ____ **If “yes”, complete an ARREST FORM found on www.state.nj.us/dobi.**
16. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes ____ No ____
17. Has the applicant or any officer, member, director, partner, owner or substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes ____ No ____.
18. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes ____ No ____.
19. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes ____ No ____. Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant’s or licensee’s financial health and would be required to be referenced in that entity’s annual audited financial statements, reports to shareholders or similar documents.

SOLE PROPRIETOR ONLY

20. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes ____ No ____
MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.

For “No” response to either question contained in Question 12, refer to the website for an explanation of supporting documentation requirements.

For “Yes” responses to Questions 13 thru 20, refer to the website for an explanation of supporting documentation requirements.

Failure to provide the specific information requested will cause the application to be returned to you.

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purposes. The authority to compel disclosure of Social Security Numbers is established at P.L. 1996, c.7 and N.J.A.C. 3:1-20.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signed, sealed and delivered in
the presence

(Print Name of Applicant)

(CORPORATE SEAL)
(if applicable)

(Signature of Corporate President, Member, Partner or Sole Proprietor)

Attest: _____
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

this _____ day of _____ 20_____

(Official Title)

CHECK CASHER APPLICATION ADDENDUM

OFFICE MANAGER INFORMATION (Attach additional sheets if necessary):

NAME	BUSINESS OFFICE ADDRESS

MOBILE UNIT INFORMATION (If applicable):

NJ LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE DESCRIPTION

FINANCIAL INSTITUTION INFORMATION:

NAME	BUSINESS ADDRESS	ACCOUNT NUMBER

CERTIFIED PUBLIC ACCOUNTANT/PUBLIC ACCOUNTANT INFORMATION(Attach an original consent agreement signed by the accountant clearly stating the Department's right to examine all records of the proposed licensee at the accountant's place of business during normal business hours):

NAME	BUSINESS ADDRESS	NJ LICENSE NUMBER

EQUIPMENT REQUIRED FOR TRANSACTION OF BUSINESS (Please identify the equipment to be utilized to record transactions and maintain required records):

Attach a separate schedule identifying each proposed stop of the mobile unit, noting the actual street and city address of each, as well as the days and hours of operation.

PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner _____
Director _____
Stockholder _____
Employee _____

1. Name _____
2. Residence Address _____
3. Business Address _____
4. Date of Birth _____ Place of Birth _____
5. Telephone No. (_____) _____ Social Security Number _____

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes _____ No _____. Are you a citizen of the United States? Yes _____ No _____. If no, in what country do you hold citizenship? _____.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes _____ No _____ **If “yes”, complete [ARREST FORM](http://www.state.nj.us/dobi) found on www.state.nj.us/dobi.**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes _____ No _____
10. Have you been involved in any material litigation during the five-year period prior to application? Yes _____ No _____
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes _____ No _____. Are you in arrears on such obligations for a period of six months or more? Yes _____ No _____.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20_____

Title