

CHECK CASHING REGISTRATION FORM

STATE OF UTAH

Department of Financial Institutions

324 South State Street, Suite 201, SLC, UT 84111

Mailing Address: P.O. Box 146800, Salt Lake City, UT 84114-6800

www.dfi.utah.gov

Fax: (801) 538-8894

Tel: (801) 538-8830

1) Name of Principal Business and Office Address

Do Not Write In This Space

Renewal applications must be submitted by December 1, 2017. If you cash checks for consideration in Utah, or with Utah residents, you are subject to the Check Cashing and Deferred Deposit Lending Registration Act, codified as Title 7 Chapter 23. You are exempt from this act if you are a depository institution, a depository institution holding company or directly or indirectly owned or controlled by a depository institution or depository institution holding company; or a person that cashes a check in a transaction that is incidental to the retail sale of goods or services and for consideration that does not exceed the greater of 1% of the amount of the check or \$1.

CHECK CASHING REGISTRATION RENEWAL FEE – DUE BY DECEMBER 1ST, 2017

Complete all information on this form, sign it, and return it to the above address at top with the **renewal registration fee of \$200** in the form of a check or money order made payable to: Department of Financial Institutions.

2) Name registered with the Utah Division of Corporations _____

3) Name of check cashing business _____

4) Federal Employer Identification number (EIN) _____

5) List all states where you are registered or licensed as a check casher _____

6) On a separate page list all offices in Utah (no mobile facilities allowed) including: address, contact name, phone number, and hours of operations. Subsequent office additions/ deletions require prompt notification to the Department.

7) Contact information of person responsible for complaint resolution and examination findings response*:

Name and Title: _____ Telephone: _____

Address, City, State, Zip _____

Email Address _____

* If separate individuals, please list on separate page

8) Do you qualify as a Money Service Business (MSB)? For example, cash checks in an amount greater than \$1,000 for any person on any day in one or more transactions? ____ Yes ____ No. **If you do qualify as an MSB, please:**

- Send a copy of your Anti-Money Laundering (AML) Policy & Procedures and your most recent independent Review to dfi@utah.gov.

- Are you registered with FinCEN as a Money Service Business? ____ Yes ____ No

- Name of AML Compliance Officer _____ Telephone _____

9) Name of registered agent in Utah upon whom service of process can be made _____

Address, City, State, Zip _____ Telephone _____

10) If you conduct the business of a check casher in Utah but do not maintain an office in Utah, please describe the manner in which the business is conducted (attach a separate page if necessary) _____

11) Are you or any principal officer (i.e. director, manager, or operator) currently under investigation for, charged with, have ever pled guilty or no contest to, or been convicted of, a felony or misdemeanor? ____ Yes ____ No. If yes, please explain on a separate page.

12) Have you or any principal officer ever had an injunction, judgment, administrative order, or conviction of any crime involving moral turpitude? ____ Yes ____ No. If yes, please explain on a separate page.

13) Have you or any principal officer ever had any licensing action taken against you that resulted in suspension, probation, or revocation? ____ Yes ____ No. If yes, please explain on a separate page.

14) Perform a Utah [Bureau of Criminal Identification](#) (BCI) report or equivalent for officers, directors, managers, operators (one who is cashing checks). Residents of other states should obtain a similar criminal history review from their respective state government. Do not send to our offices.

I hereby certify the information provided is true and correct and by signing this form, I represent our business practices will comply with Utah law.

Printed Name _____

Date _____ Signature _____

Title _____