CHECK CASHING INITIAL 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

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Name of Principal Business and Office Address		Do Not Write In This S	pace
If you cash checks for consideration in Utah, or with Utah re-	sidents, you are	subject to the Check Cashing an	id Deferred Deposit Lendin
Registration Act, codified as Title 7 Chapter 23. You are ex	empt from this a	act if you are a depository institu	tion, a depository institutio
holding company or directly or indirectly owned or controlled	, ,	, ,	ution holding company; or

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
Complete all information on this form, sign it, included applicable attachments, and return it to the address at top of the form with the <u>registration fee of \$300</u> 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

- 4) Federal Employer Identification number (EIN/TIN) ____ 5) List on a separate page list all Utah office locations (no mobile facilities allowed) including: address, contact name, phone number, and hours of operations. Subsequent office additions/ deletions require prompt notification to the Department.
- If you cash checks in Utah but do not maintain a Utah office, please describe the manner in which the business is conducted (on separate page).

Address, City, State, Zip

Email Address (required): Phone: * If separate individuals, please list on separate page

7) Registered agent in Utah upon whom service of process can be made (should match registered agent listed with Div. of Corporations):

Full Address ____

- 8) 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 an act of: fraud, dishonest, breach of trust, or money laundering? _____Yes ____No. If yes, please explain on a separate page.
- 9) Perform a Utah Bureau of Criminal Identification report or equivalent for officers, directors, managers, operators (those cashing checks). Residents of other states should obtain a similar criminal history review from their respective state government. Please retain, do not send to our offices.
- 10) Do you qualify as a Money Service Business (MSB)? To determine for your business see: https://www.fincen.gov/am-i-msb Examples of **not** qualifying as an MSB:
 - Cash checks in an amount less than \$1,000 for any person on any day in one or more transactions.
 - Act as an agent for another MSB (i.e. Barri) and do not do qualifying activities of your own.

3) Name of check cashing business (dba) _____

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

- You do check cashing for the verified maker of the check, who is a customer otherwise buying goods and services

If you do qualify as an MSB, you must:

Send a copy of your Anti-Money Laundering (AML) Policy & Procedures and your most recent independent Review to dfi@utah.gov .		
- Register with FinCEN as a Money Service Business?	Yes?	
- Name of AML Compliance Officer Telephone	e	

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 _____Signature ___ Title _