

CHECK CASHING RENEWAL 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

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1) Name of Principal Business and Office Address

Do Not Write In This Space

Renewal applications must be submitted by December 1st. 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 – DUE BY DECEMBER 1ST.

Complete all information on this form, sign it, included applicable attachments, and return it to the address at top of the form with the **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 (dba) _____
- 4) Federal Employer Identification number (EIN/TIN) _____
- 5) List on a separate page all Utah office locations (no mobile facilities allowed) including: address, contact name, phone number, and hours of operation. 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).
- 6) Contact information of person responsible for complaint resolution and examination findings response*:
- Name and Title: _____
- 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):
- Name: _____ Full Address _____ Phone: _____
- 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, dishonesty, 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 **ONLY** in a total amount less than \$1,000 for any person on any day in one or more transactions.
- Act **ONLY** as an agent for another MSB (e.g., Barri, Western Union, Sigue) and do not do any qualifying activities of your own.
- When the customer is purchasing goods/services and you allow them to write the check for more than the purchase amount and get cash back.

If you do qualify as an MSB, you must:

Done?

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

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 _____