

THIS RENEWAL IS DUE ON OR BEFORE DECEMBER 1

TRANSMITTER OF MONEY ACT
LICENSE RENEWAL CHECKLIST

- _____ RENEWAL APPLICATION COMPLETED AND SIGNED
- _____ SUPPLEMENTAL APPLICATIONS FOR ALL NEW PRINCIPALS
- _____ INFORMATION FORM
- _____ APPOINTMENT OF ATTORNEY-IN-FACT FOR SERVICE OF PROCESS
- _____ BOND CALCULATION FORM
- _____ STATISTICAL DATA FORM
- _____ LICENSEE BOND FORM
- _____ LIST OF AUTHORIZED SELLERS
- _____ CORRECT REMITTANCE (\$100 PER LICENSE + \$10 PER AUTHORIZED SELLER)

IF ALL OF THE ABOVE ARE NOT INCLUDED, YOUR APPLICATION IS INCOMPLETE.

PLEASE COMPLETE THIS FORM AND RETURN WITH APPLICATION TO THE ADDRESS LISTED BELOW:

**ILLINOIS DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION
320 W. WASHINGTON, SUITE 229
SPRINGFIELD, ILLINOIS 62707**

Renewal Prepared by: _____ Date: _____

Telephone #: _____

E-mail: _____

TRANSMITTERS OF MONEY LICENSE APPLICATION

20 ____ (RENEWAL)

(Please Type or Print)

PART ONE

1. Licensee's name: _____
2. IL License Number : _____ FinCEN Registration Number : _____
3. Licensee's Federal Employer Identification Number: _____
4. Name and address of principal contact person:
Name: _____
Street Address: _____
City and State: _____
Telephone number: _____ Fax No. _____
E-Mail: _____
5. Licensee's principal business office:
Street Address: _____
City and State: _____
Telephone number: _____ Fax No. _____
6. Address at which licensee keeps its books and records (if different from answer to question 4).
Street Address: _____
City and State: _____
Telephone number: _____ Fax No. _____
7. Total locations where licensee is conducting business including Authorized Sellers: _____
8. Licensee is a(n): (Check appropriate classification)

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Association	<input type="checkbox"/> Joint Stock Association
<input type="checkbox"/> Corporation	
9. Type of money transmission activity conducted (mark all that apply):

<input type="checkbox"/> Checks	<input type="checkbox"/> Travelers Checks
<input type="checkbox"/> Drafts	<input type="checkbox"/> Wire Transfers
<input type="checkbox"/> Money Orders	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Stored Value	

10. Money transmission sales are conducted through (mark all that apply):

- Company Owned Outlets
- Authorized Sellers
- Subsidiaries or Affiliates

PART TWO

INSTRUCTIONS: Please check either “yes” or “no” in response to the following questions regarding changes since the last application or renewal. **IF THERE HAVE BEEN ANY CHANGES, PLEASE PROVIDE THE REQUESTED INFORMATION (Note that a response to the following does not constitute compliance with any separate statutory notice or reporting requirement):**

1. Have there been any changes in principal officers, directors, partners, or individuals with a 25% or more ownership interest in the licensee, since the previous renewal?

Yes No

If yes, please explain changes on a separate sheet, and include the name, title, business address and percentage ownership of each person who has acquired an ownership interest or become an officer or director of the licensee.

2. Have there been any changes in officers, directors, stockholders, owner(s), etc.?

Yes No

If yes, please complete the attached supplemental application.
Please see attached Schedule “B.”

3. Has the licensee had its license suspended, revoked or renewal refused in any other states since the last application or renewal?

Yes No

If yes, please explain on a separate sheet.

4. Has the licensee been subject to any enforcement actions by its licensing authority in any other state since the last application or renewal?

Yes No

If yes, please explain on a separate sheet.

5. Has there been any material litigation involving the licensee initiated since the last application or renewal? Material litigation means litigation that, according to generally accepted accounting principles, is deemed significant to any licensee’s financial health and would be required to be referenced in its annual audited financial statements, report to shareholders or similar documents.

Yes No

If yes, please explain on a separate sheet.

6. Has there been any felony indictment or criminal conviction of any principal officer or partner of the licensee, or any individual with a 25% or more ownership interest in the licensee, since the last application or renewal?

___ Yes

___ No

If yes, please explain on a separate sheet.

7. Have there been any substantive changes to the form of instruments issued by the licensee since the last application or renewal, if not previously provided?

___ Yes

___ No

If yes, please provide a specimen if not previously provided.

8. Have there been any changes in the licensee's principal clearing banks, clearing bank address or account number since the last application or renewal?

___ Yes

___ No

If yes, please list the name, address, contact name and account number on a separate sheet.

9. Have there been any material changes in the licensee's operations?

___ Yes

___ No

If yes, please explain on a separate sheet.

10. Have there been any material changes to the licensee's authorized delegate contract since the last application or renewal?

___ Yes

___ No

If yes, please provide a copy.

11. Has there been any material changes to the licensee's internal auditor(s) since the last application or renewal?

___ Yes

___ No

If yes, please provide the new contact name and phone number on a separate sheet.

12. Has the licensee, or any principal officer, director, partner, or individual with a 25% or more ownership interest in the licensee, filed a petition in bankruptcy or reorganization since the last application or renewal?

___ Yes

___ No

If yes, describe the proceedings on a separate sheet and provide copies of the petition and discharge.

(MUST COMPLETE ATTACHED SWORN STATEMENT)

All statements herein are warranted true and are given as a basis for the issuance of the license under said Act.

NAME OF LICENSEE
(Corporation, Company, Partnership)

DATE

By: _____
(Officer/Authorized Employee) (Title)

(Signature of Officer/Authorized Employee)

Years

From _____ **To** _____ **Company Name:** _____

Company Address: _____

Position Held: _____

Principle Duties: _____

Years

From _____ **To** _____ **Company Name:** _____

Company Address: _____

Position Held: _____

Principle Duties: _____

10. In the past 10 years have you ever been convicted of a felony?

Yes _____ **No** _____

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.

11. In the past 10 years have you been a party to any material litigation?

Yes _____ **No** _____

If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and docket number.

Under penalties of law, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge they are true, correct and complete.

Name & Title (Please Type or Print)

Signature

Resident Address

City

State

Zip Code

INFORMATION FORM

I. Name, Title, Percent of Stock Ownership and Resident Address of Every Officer of the Licensed Entity.

A. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

II. Name, Title, Percent of Ownership and Resident Address of Each Director of the Licensed Entity.

A. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

B. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

C. _____
(Name) (Title) (Percent of Stock)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

III. Name, Percent of Ownership and Resident Address of Each Stockholder Owning 10% or More of Capital Stock or Any Owner/Partner of the Licensed Entity who is Not Listed Above.

A.

(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

B.

(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

C.

(Name) (Percent of Stock/Ownership)

(Address) (City) (State) (Zip Code)

(If more space is required attach a separate sheet)

STATE OF ILLINOIS

DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION

APPOINTMENT OF ATTORNEY-IN-FACT FOR SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Corporate or Company Name

_____ Street _____ City

_____ does hereby appoint the
County State

incumbent Director of the Division of Financial Institutions of the State of Illinois and his successors in office, or any official who shall hereafter be charged with the administration of the Transmitters of Money Act may be served. The appointment of the Director of Division of Financial Institutions as attorney-in-fact is conditional upon the issuing of a license to conduct a business under the provisions of the Transmitters of Money Act and in the event that a license is not granted, this appointment shall remain in full force and effect and may not be revoked except by consent of the Director of Division of Financial Institutions. In the event that the license of said applicant is revoked, surrendered or otherwise terminated, the appointment of the Director of Division of Financial Institutions as attorney-in-fact to accept service of process shall continue until such time as all matters arising out of the conduct of said licensee's business in this state shall have been concluded.

IN WITNESS WHEREOF, the applicant has set his hand in the city of

_____ State of _____.

on _____ 20_____

By _____
(President, Owner, Partner)

By _____
(Secretary, and General Counsel)

CORP. FILE NUMBER
IF OUT OF STATE

BOND CALCULATION FORM

DATE
OUTSTANDING

IL DOLLAR AMOUNT OUTSTANDING

TOTAL U.S.A.

FROM LAST YEAR:

October 31 \$ _____ \$ _____

November 30 \$ _____ \$ _____

December 31 \$ _____ \$ _____

FROM THIS YEAR:

January 31 \$ _____ \$ _____

February 28 \$ _____ \$ _____

March 31 \$ _____ \$ _____

April 30 \$ _____ \$ _____

May 31 \$ _____ \$ _____

June 30 \$ _____ \$ _____

July 31 \$ _____ \$ _____

August 31 \$ _____ \$ _____

September 30 \$ _____ \$ _____

Total Dollar Amount Outstanding: \$ _____ \$ _____

Total IL Dollar Amount Outstanding: \$ _____ ÷ # of Months _____ =

\$ _____

Average Illinois outstanding must be placed on line 5 of **STATISTICAL DATA FORM**.
PLEASE NOTE THAT IF YOU WERE NOT IN BUSINESS ON THE LAST DAY OF THE ABOVE
MONTHS, INDICATE "N/A" NOT \$0.

STATISTICAL DATA FORM

1. Do you utilize Authorized Sellers? _____ How many? _____

2. Total dollar amount of money transmissions and payment instruments sold, issued, exchanged or transmitted in the State of Illinois by the licensee and its authorized sellers for the past 12 month period. \$ _____

3. Total number of money transmissions and payment instruments sold, issued, exchanged or transmitted in the State of Illinois by the licensee and its authorized sellers for the past 12 month period. _____
 - A. Number of days in business for past 12 month period. _____
 - B. Average number of money transmissions transferred each day. _____
 - C. Average amount of money transmissions transferred each day. \$ _____

4. Total dollar amount of uncompleted money transmissions and payment instruments outstanding or in transit in this state as of the most recent quarter available. \$ _____

5. Average daily dollar amount of uncompleted money Transmissions and payment instruments outstanding or in transit in this State for the past 12 month period.
SUPPORTING CALCULATIONS MUST BE PROVIDED ON BOND CALCULATION FORM. \$ _____

6. Total Dollar Amount of Permissible Investments (as of September 30). (A detailed listing and total must be provided and certified by an independent CPA that the licensee's permissible investments, at all times possess a book or market value calculated in accordance with generally accepted accounting principles, of not less than the aggregate dollar amount of all outstanding payment instruments issued or sold by the licensee in the united states.) \$ _____

7. Total dollar amount of licensee's uncompleted money transmissions and payment instruments outstanding or in transit for the entire company. \$ _____

8. The licensee's Stockholder (s) Equity/Net Worth. \$ _____

STATE OF ILLINOIS

DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION

LICENSEE BOND

TRANSMITTER OF MONEY ACT

KNOW ALL MEN BY THESE PRESENTS, That _____,
Corporate or Company Name

Street Address City/State

and, _____
as surety, are held and firmly bound unto the Director of the Division of Financial Institutions, for the use of the State and of any person or persons who may have a cause of action against the obligors of this instrument, under the provisions of the Act hereinafter described, in the penal sum of _____ for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hands and seals this _____ day of _____, A.D. _____

The condition of the above obligation is such that the above

Corporate or Company Name

has applied for a license for the term ending December 31, 20__, to transact the business of selling or issuing payment instruments, transmitting money, or exchanging, for compensation, payment instruments or money of the United States government or a foreign government to or from money of another government, in accordance with the provisions of the Transmitters of Money Act.

Now, if the said _____
Corporate or Company Name

shall, upon issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and of all rules, regulations and directions lawfully made by the Director of Division of Financial Institutions thereunder, and will pay to the State and to any person or persons from said obligors, under and by virtue of the provisions of said Act, then this obligation to be void, otherwise to remain in full force and effect.

_____(Seal)
Corporate or Company Name

By _____(Seal)
President, Owner or Partner

By _____(Seal)
Secretary, Owner or Partner

By _____(Seal)
Surety or Bonding Company

By _____(Seal)
Illinois Attorney-in-Fact

(Attach Power of Attorney)

Attachment A

All Current TOMA Authorized Seller File

Please find below a record layout for Current TOMA Authorized sellers. Financial Institutions would like to receive the information in this layout in an electronic format and named with the designated Filename. We will accept this information on 3-½ inch diskette, CD ROM or via e-mail.

e-mail address. **FPR.ConsumerCredit@illinois.gov**

Due to the way our internal database is set up, we would like to have the data placed into a comma delimited ASCII text file. Commas should delimit each field. If a field is blank, a comma should still be represented for that field.

If you currently utilize an internal authorized seller ID, please provide it in the records submitted, as it would be very beneficial to this process.

Current Authorized Seller List Filename: TomaAll.CSV

There should be only one record for each of the Authorized Sellers. If you have 50 Authorized Sellers, there should be 50 records in the file.

<u>Field Name</u>	<u>Data Type</u>	<u>Description</u>
License Number	Numeric	License Number issued to you by the Department of Financial Institutions.
Seller ID	Text	Your internal authorized seller tracking number.
Authorized Seller	Text	Authorized Seller Name
Payment Instruments	Text	Solely provides payment instruments? (True or False) – <u>NOTE New Field</u>
President – CEO	Text	Name of the president or CEO – <u>NOTE New Field</u>
Address	Text	Address line 1
Address 2	Text	Address line 2
City	Text	City
State	Text	State - 2 characters
Zip Code	Text	Zip Code - 5 or 9 characters
Phone	Text	Telephone Number
Active Date	Text	Your <u>internal</u> active date for this seller (format MMDDYYYY)

Example Record

71,12345,Coriolis,True,Ron Miller,105 Main,,Springfield,IL,627041234,2177851234,01012000

Attachment B

New TOMA Authorized Seller File

Please find below a record layout for new TOMA Authorized sellers since last reporting. Financial Institutions would like to receive the information in this layout in an electronic format and named with the designated Filename. We will accept this information on 3-1/2 inch diskette, CD ROM or via e-mail. If you have no method of producing electronically, please submit in paper form.

e-mail address. **FPR.ConsumerCredit@illinois.gov**

Due to the way our internal database is set up, we would like to have the data placed into a comma delimited ASCII text file. Commas should delimit each field. If a field is blank, a comma should still be represented for that field.

If you currently utilize an internal authorized seller ID, please provide it in the records submitted, as it would be very beneficial to this process.

Additions to Authorized Seller List Filename: TomaAdds.CSV

There should be only one record for each of the Authorized Sellers. If you have 50 Authorized Sellers that you wish to add, there should be 50 records in the file.

<u>Field Name</u>	<u>Data Type</u>	<u>Description</u>
License Number	Numeric	License Number issued to you by the Department of Financial Institutions.
Seller ID	Text	Your internal authorized seller tracking number.
Authorized Seller	Text	Authorized Seller Name
Payment Instruments	Text	Solely provides payment instruments? (True or False) – <u>NOTE New Field</u>
President – CEO	Text	Name of the president or CEO – <u>NOTE New Field</u>
Address	Text	Address line 1
Address 2	Text	Address line 2
City	Text	City
State	Text	State - 2 characters
Zip Code	Text	Zip Code - 5 or 9 characters
Phone	Text	Telephone Number
Active Date	Text	Your <u>internal</u> active date for this seller (format MMDDYYYY)

Example Record

71,1234, Coriolis,True,Ron Miller,10Main,,Springfield,IL,627041234,2177851234,01012000

Attachment C

Deletion of TOMA Authorized Seller File

Please find below a record layout for deleted TOMA Authorized sellers since last reporting. Financial Institutions would like to receive the information in this layout in an electronic format and named with the designated Filename. We will accept this information on 3-1/2 inch diskette, CD ROM or via e-mail. If you have no method of producing electronically, please submit in paper form.

e-mail address. **FPR.ConsumerCredit@illinois.gov**

Due to the way our internal database is set up, we would like to have the data placed into a comma delimited ASCII text file. Commas should delimit each field. If a field is blank, a comma should still be represented for that field.

If you currently utilize an internal authorized seller ID, please provide it in the records submitted, as it would be very beneficial to this process.

Deletions to Authorized Seller List

Filename: TOMADels.CSV

There should be one record for each of the Authorized Sellers. If you have 50 Authorized Sellers that you wish to delete, there should be 50 records in the file.

<u>Field Name</u>	<u>Data Type</u>	<u>Description</u>
License Number	Numeric	License Number issued to you by the Department of Financial Institutions
Seller ID	Text	Your internal authorized seller tracking number
Authorized Seller	Text	Authorized Seller Name
Payment Instruments	Text	Solely provides payment instruments? (True or False) – <u>NOTE New Field</u>
President – CEO	Text	Name of the president or CEO – <u>NOTE New Field</u>
Address	Text	Address line 1
Address 2	Text	Address line 2
City	Text	City
State	Text	State - 2 characters
Zip Code	Text	Zip Code - 5 or 9 characters
Phone	Text	Telephone Number
Inactive Date	Text	Your <u>internal</u> active date for this seller (format MMDDYYYY)

Example Record

71,12345, Coriolis,True,Ron Miller,105 Main St,,Springfield,IL,62704,2177851234,03212001