

**Illinois Department of Financial & Professional Regulation
Division of Financial Institutions/Consumer Credit Section**

Transmitter of Money Act (TOMA) Additional Location Information

Type of Location (Authorized Seller or Other) _____

Please ensure that a check in the amount of \$10.00 is included. ***Processing will not continue without proper payment of fee.***

1-If activated between 7/1/15 and 8/15/15 please provide the activation date: _____

2- If Authorized Seller, what type of entity (Corporation, LLC, Other): _____

Note: If Corporation or LLC, please skip #14-#20 and mark them as N/A.

3-Authorized Seller/Other Location Name: _____

4- Authorized Seller/Other Location Internal Identification Number: _____

5- Authorized Seller/Other Location Tax ID: _____

6- Authorized Seller/Other Location Mailing Contact Name: _____

7- Authorized Seller/Other Location Address 1: _____

8- Authorized Seller/Other Location Address 2: _____

9- Authorized Seller/Other Location City: _____

10- Authorized Seller/Other Location State: _____

11- Authorized Seller/Other Location Zip Code: _____

12- Authorized Seller/Other Location Telephone #: _____

13- Authorized Seller/Other Location e-mail (if known): _____

14-Authorized Seller/Other Location Owner Name: _____

15-Authorized Seller/Other Location Owner Tax ID: _____

16-Authorized Seller/Other Location Address 1: _____

17-Authorized Seller/Other Location Address 2: _____

18-Authorized Seller/Other Location City: _____

19-Authorized Seller/Other Location State: _____

20-Authorized Seller/Other Location Zip Code: _____

21-Are Bill Payment Services offered at this location (yes or no): _____

22- Are Check Services offered at this location (yes or no): _____

23- Are Draft Services offered at this location (yes or no): _____

24- Are Foreign Currency Exchange Services offered at this location (yes or no): _____

25- Are Money Order Services offered at this location (yes or no): _____

26- Are Stored Value Card Services offered at this location (yes or no): _____

27- Are Travel Check Services offered at this location (yes or no): _____

28- Are Wire Transfer Services offered at this location (yes or no): _____

29- Are Other Services offered at this location (yes or no): _____

30- If above answer is "Yes" please provide details: _____

31-Attach a Sample agreement between Authorized Seller and Licensee: _____

Processing will not continue without copy of sample agreement.

In accordance with 205 ILCS 657/75(b) a licensee shall not allow a person to act as its authorized seller until all applicable requirements have been complied with. Effective August 15, 2015 licensees will be notified when the Department has determined that the requirements have been complied with. Please be advised that any additional locations operating prior to proper notification would be in violation of statute.

Please mail completed (1) information form, (2) applicable fee and (3) copy of sample agreement to the following address:

IDFPR/Division of Financial Institutions
Consumer Credit Section
100 W. Randolph, Suite 9-100
Chicago, IL 60601