

Office Use Only
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TRANSMITTERS OF MONEY LICENSE APPLICATION
(Please Type or Print)

NAME OF ENTITY

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

TELEPHONE NO.

FEIN #

FAX NO.

CONTACT PERSON

TOTAL LOCATIONS WHERE
LICENSEE IS CONDUCTING
BUSINESS INCLUDING
AUTHORIZED SELLERS

Type of Ownership Sole Proprietorship Partnership
Corporation Other _____
Describe

1. If entity is a corporation, State of Incorporation: _____

2. If entity is a foreign corporation, date and number of Charter in Illinois:

_____ Date _____ Number

3. At any time has the applicant entity listed above had its license to transmit money canceled or suspended in any other state or territory of the U.S.?

Yes _____ No _____

If Yes, provide full details on a separate sheet.

4. At any time has the applicant entity listed above withdrawn a license application to transmit money in any state or territory of the U.S.?

Yes _____ No _____

If Yes, provide full details on a separate sheet.

5. At any time has the applicant entity ever had a license application to transmit money denied by any other state or territory of the U.S.?

Yes _____ No _____

If Yes, provide full details on a separate sheet.

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

Dated at _____, County of _____,
State of _____, this _____ day of _____ A.D., 20 ____

Name (Print) Title)

(Authorized Signature)

Corporate
Seal

Subscribed and sworn to before me in _____ County, in
the State Of Illinois, this _____ day of _____, A.D., 20 ____

(SEAL)

Notary Public

My commission expires: _____

THE FOLLOWING ITEMS MUST BE MADE PART OF THIS APPLICATION:

1. Form of Business Organization
 - a) If a corporation, a copy of the articles of incorporation, a copy of the corporate charter, a copy of the certificate of foreign authority (if a foreign corporation) and a copy of the bylaws, certified by the secretary.
 - b) If a partnership, a copy of the partnership agreement, certified by the partners.
 - c) For other organizational structures, a copy of the documents that control its organizational structure, certified by a managing official,
2. A Supplemental Application for each owner, partner, officer, director, stockholder and controlling person (form enclosed).
3. Financial statements, not more than one year old, prepared in accordance with generally accepted accounting principles and audited by a licensed public accountant or certified public accountant showing the financial condition of the applicant and an unaudited balance sheet and statement of operation as of the most recent quarterly report before the date of the application, certified by the applicant or an officer or partner thereof. If the applicant is a wholly owned subsidiary or is eligible to file consolidated federal income tax returns with its parent, however, unaudited financial statements for the proceeding year along with the unaudited financial statements for the most recent quarter may be submitted if accompanied by the audited financial statements of the parent company for the preceding year along with the unaudited financial statement for the most recent quarter.
4. Any filings with the Securities and Exchange Commission or similar foreign governmental entity (English translation).
5. A list of all other states in which the applicant is licensed as a money transmitter, including the name and address of the respective regulator.
6. A complete list of all money transmitter locations and proposed locations in the State of Illinois.
7. A sample of the contract for authorized sellers.
8. A sample form of the proposed payment instruments to be used in the State of Illinois.
9. The name and business address of the clearing bank(s) through which the applicant intends to conduct any business regulated under this Act.
10. A surety bond or other security as required by Section 30 of this Act.
11. Application fee of \$100.00.
12. License fee of \$100.00 plus \$10.00 for each location at which the applicant and its authorized sellers are conducting business or propose to conduct business excepting the applicant's principal place of business.
13. Service of Process fee of \$10.00.
14. Attorney-In-Fact (form enclosed).
15. A written statement that the applicant is in full compliance with and agrees to continue to fully comply with all state and federal statutes and regulations relating to money laundering.
16. Information Form (form enclosed).

Please return the completed application and related fees to the address listed below:

ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
CONSUMER CREDIT SECTION
320 W. WASHINGTON
SPRINGFIELD, IL 62701

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
CONSUMER CREDIT SECTION
TRANSMITTERS OF MONEY ACT

SUPPLEMENTAL APPLICATION

All answers must be typewritten or legibly printed. All questions must be answered.

1. Full Name of Applicant: _____

2. Individual's Name: _____
(First) (Middle) (Last)

3. Corporate Title: _____

4. Percentage of Ownership: _____

5. Date of Birth: _____

6. Social Security Number: _____

7. Business Address: _____

8. Resident Address: _____

9. Telephone Number: _____

10. Business Experience for past ten (10) years in descending chronological order:

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principal Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principal Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principal Duties: _____

Years

From _____ To _____ Company Name: _____

Company Address: _____

Position Held: _____

Principal Duties: _____

11. 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 docket number.

12. 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.

I do hereby swear that the facts set forth, hereinabove, are true and are given as a basis for the issuance of a license under the Transmitters of Money Act.

Name & Title (Please Type or Print)

Signature

Resident
Address_____

City_____

Subscribed and sworn to before me this ____day of _____20__

Notary Public_____

(NOTARY SEAL)

Expiration Date of My Commission_____

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION

LICENSEE BOND
Transmitters 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. 20 ____

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 Financial Institutions thereunder, and will pay to the State and to any person or persons any and all moneys that may be come due and owing to the State and to such 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.

Corporate or Company Name (Seal)

By _____ (Seal)
President, Owner or Partner

(SEAL) By _____ (Seal)

Surety or Bonding Company (Seal)

By _____ (Seal)
Illinois Attorney-in-Fact

(Attach Power of Attorney)

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, Percentage 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
_____ County _____ State does hereby appoint the

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, its attorney-in-fact upon whom all processes of law against it arising out of any transaction under the Transmitters of Money Act may be served. The appointment of the Director 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 Financial Institutions. In the event that the license of said applicant is revoked, surrendered or otherwise terminated, the appointment of the Director 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 and seal in the City of _____, State of _____ I
on _____, 20 _____

(CORPORATE SEAL) By _____
(President, Owner, Partner)

By _____
(President, Owner, Partner)

CORP. FILE NUMBER
IF OUT OF STATE _____

Subscribed and sworn to before me this _____ day of _____, 20 _____
Notary Public _____ My Commission Expires _____

NOTARY SEAL