Application is hereby made for a License to engage in the business of providing facilities for cashing checks, drafts, money orders or any other evidence of money for a fee or service charge or other consideration or to engage in the business of selling, of issuing money orders or to engage in both such businesses, or engage in any one or more of the services in accordance with the provisions of the Currency Exchange Act.

1. Currency Exchange Name: ______________________________________________________________

2. Address: _____________________________________________________________________________
   (Street)                                                            (City)  (Zip Code)
   Email Address: ___________________________________@_________________

3. Type of Ownership: Individual _______ Partnership ________Corporation _______

4. Type of Transaction: New _____  Purchase _____  Stock Sale _____  Incorporation ______
   Addition of an Officer or Director ____  Other ____  (explain on attachment)
   If sale, name of currency exchange to be purchased: ____________________________________________

5. Name of all Owners, Partners, Officers, Directors or Stockholders. If additional space is needed, please submit information on blank paper and attach to this application.
   (a) Name:  _______________________________ , Title: ________________________________________
       Shares owned: ____________________________
   (b) Name:  _______________________________ , Title: ________________________________________
       Shares owned: ____________________________
   (c) Name: ________________________________ ,Title: ________________________________________
       Shares owned: ____________________________
   (d) Name:  _______________________________ , Title: ________________________________________
       Shares owned: ____________________________

6. Identity of individuals who will work in Currency Exchange.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
7. Name and address of depository banks:

(a) Name of Bank: ___________________________  Account Type & Number: ___________
Address: ___________________________________  (Street)  (City)  (Zip Code)

(b) Name of Bank: ___________________________  Account Type & Number: ___________
Address: ___________________________________  (Street)  (City)  (Zip Code)

8. Are premises to be occupied by the Currency Exchange owned ____or leased____?
If leased, name and address of lessor:______________________________

Duration of lease:________

The following additional information must accompany this application:
(a) A separate questionnaire for each person listed under Item 5 of this application.
(b) A statement of the financial condition of each person listed under Item 5 of this application.
(c) A letter of intent for the building to be purchased or to be leased.
(d) A copy of the purchase agreement if you are buying an existing Currency Exchange, or if purchasing stock of existing owner.
(e) A check in the amount of $1,000.00 as an investigation fee, payable to the Division of Financial Institutions.
(f) Confirmation of your federal Employer Identification Number.

The undersigned applicant(s) hereby avows that he/she is in full compliance with and agrees to continue to fully comply with all state and federal statutes and regulations relating to money laundering.

Under penalty of perjury, the undersigned certifies and swears that the information and statements set forth in the foregoing document are true and correct.

_______________________________________
(Name of Currency Exchange)

(Signature)  (Title)

(Signature)  (Title)

(Signature)  (Title)

(Signature)  (Title)

STATE OF ILLINOIS
)   SS
COUNTY OF ____________

Subscribed and sworn to before me by the above named

This ________ day of________________, A.D. 20___

_______________________________________
(Notary Public)

_______________________________________
(Address)

DFPR-DFI-CE (11-14)