

ARKANSAS STATE BOARD OF COLLECTION AGENCIES

DIVISION OF CHECK CASHING
523 South Louisiana, Suite 460
Little Rock, AR 72201
Phone (501) 371-1434 Fax: (501) 371-1440

APPLICATION FOR CHECK-CASHING LICENSE

Application is hereby made for a license to transact the business of check-cashing and/or deferred presentment services pursuant to A.C.A. §23-52-101 et seq.

COMPANY NAME _____ Telephone (____) _____ Fax # (____) _____

Doing Business As (d/b/a) _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Location _____ City _____ Zip _____

CONTACT PERSON _____ Telephone (____) _____ Fax # (____) _____

BUSINESS STRUCTURE

Sole Proprietorship Partnership Corporation Trust LLC LLP Other

Please attach a list of the names and mailing addresses of each owner, partner, LLC member, officer, director and 5% or more shareholder. If the shares of the corporation are publicly traded identify the exchange where traded in lieu of a shareholder list.

LIQUID ASSETS

(Please identify how you are satisfying the \$20,000.00 liquid asset requirement. If possible, please provide a copy of the document(s) (such as a bank statement) verifying the assets. These assets must be held in the name of the check cashing store applying to be licensed. (Attach separate sheets if necessary.)

Certificate of Deposit# _____ Bank Name & Tel.# _____

Irrevocable Letter of Credit# _____ Bank Name & Tel.# _____

Savings Account# _____ Bank Name & Tel.# _____

Checking Account# _____ Bank Name & Tel.# _____

Money Market Account# _____ Bank Name & Tel.# _____

Other (Please specify): _____

REGISTERED AGENT

Please identify your registered agent for service of legal process and/or notice. Your agent must be an Arkansas resident.

Name: _____ Title: _____

Physical Address: _____

City, State, Zip code: _____

Telephone No. _____ Fax Number: _____

OTHER BUSINESS(ES)

If you are proposing to operate at a location where other business(es) is/are being conducted, please provide the name and type of the other business(es). Attach a separate sheet if necessary.

INTERROGATORIES

Please answer each of the followings questions. "You" means the applicant and any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, officers, directors, 5% or more shareholders. If details need to be provided, attach separate sheets as necessary. Omissions or incomplete answers may be construed as false statements and a violation of the Act and may be grounds for rejection of the application.

- A. Have you ever been charged, indicted, convicted, pled guilty or pled nolo contendere to a charge involving fraud, dishonesty or deceit under the civil or criminal laws of the United States, the State of Arkansas, or any other state or country within the last ten years? If the answer is yes, please explain fully. () Yes () No
- B. Have you been associated with a business whose authority to transact business was denied, revoked, or suspended by any state or federal entity. If the answer is yes, please explain fully. () Yes () No
- C. Has any federal, state or local agency, department, commission or similar entity ever initiated a regulatory action against you? () Yes () No
- D. Have you ever applied for a license or permit with any state agency, department, commission or similar entity to do business in the State of Arkansas? If yes, please provide copies of the licenses. Please include any licenses or permits for any company for whom you act as an agent. Please list all applications withdrawn or denied. () Yes () No
- E. Have you ever been enjoined or restrained by order of any court from engaging in any conduct or practice relating to the Check Cashing/Deferred Presentment Services business? If the answer is yes, please explain fully. () Yes () No
- F. Have you been the subject of any federal or state investigation? () Yes () No
- G. Do you understand that any false or misleading statement made in this application or related documents, may be grounds for denial, revocation, or suspension of the license? () Yes () No

- H. Have you ever been connected with any organization or business which had its license, permit or registration for any business activity suspended, canceled, revoked or subject to any disciplinary or administrative action?
() Yes () No
- I. Have you been charged of any criminal offense (other than a traffic violation) within the last ten years?
() Yes () No
- J. Have you ever been involved in any civil litigation arising out of the check cashing/deferred presentment services?
() Yes () No
- K. Is there any litigation pending against you or any entity of which you are now an owner, partner, officer, director, member or manager?
() Yes () No

* * *

The following documents are now being submitted to the State Board of Collection Agencies:

- _____ 1. Application Form;
- _____ 2. \$500 check or money order made payable to the Arkansas State Board of Collection Agencies;
- _____ 3. \$50,000 Surety Bond;
- _____ 4. Authority to Obtain Information From Outside Sources;
- _____ 5. Personal Affidavit; and
- _____ 6. Financial Statement.

I hereby swear and affirm that this application and any related attachments are true, correct and complete. I understand that any false statement or omission of material information in connection with this application process shall be punished as provided by law and/or may result in the denial of a license or the revocation of any license granted. I acknowledge that I have received a copy of Arkansas Code Annotated §23-52-101 et seq. (The Check-Casher's Act) and the accompanying Rules and Regulations

Date: _____

Company

By: _____
Owner/Officer/Partner/Member

Title/Official Capacity

Acknowledgment

State of _____)

County of _____)

SWORN TO AND SUBSCRIBED before me on this _____, 200_____.

Notary Public

(SEAL)

My Commission Expires: _____