

CHECK CASHING RENEWAL REGISTRATION FORM

STATE OF UTAH Department of Financial Institutions

324 South State Street, Suite 201, SLC, UT 84111

Mailing Address: P.O. Box 146800, Salt Lake City, UT 84114-6800

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Fax: (801) 538-8894

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1) Name of Principal Business and Office Address

Do Not Write In This Space

Renewal applications must be submitted by December 1st. If you cash checks for consideration in Utah, or with Utah residents, you are subject to the Check Cashing and Deferred Deposit Lending Registration Act, codified as Title 7 Chapter 23. You are exempt from this act if you are a depository institution, a depository institution holding company or directly or indirectly owned or controlled by a depository institution or depository institution holding company; or a person that cashes a check in a transaction that is incidental to the retail sale of goods or services and for consideration that does not exceed the greater of 1% of the amount of the check or \$1.

CHECK CASHING REGISTRATION RENEWAL – DUE BY DECEMBER 1ST.

Complete all information on this form, sign it, included applicable attachments, and return it to the address at top of the form with the **renewal registration fee of \$200** in the form of a check or money order made payable to: Department of Financial Institutions.

- 2) Name registered with the Utah Division of Corporations _____
- 3) Name of check cashing business (dba) _____
- 4) Federal Employer Identification number (EIN/TIN) _____
- 5) Registered agent in Utah upon whom service of process can be made (should match registered agent listed with Div. of Corporations):
Name: _____ Address, City, State, Zip _____ Phone _____
- 6) On a separate page list all offices in Utah (no mobile facilities allowed) including: address, contact name, phone number, and hours of operations. Subsequent office additions/ deletions require prompt notification to the Department.
- 7) Contact information of person responsible for complaint resolution and examination findings response*:
Name and Title: _____ Telephone: _____
Address, City, State, Zip _____
Email Address _____
* If separate individuals, please list on separate page
- 8) Do you qualify as a Money Service Business (MSB)? For example, cash checks in an amount greater than \$1,000 for any person on any day in one or more transactions? ____Yes ____No. **If you do qualify as an MSB, you must:**
- Send a copy of your Anti-Money Laundering (AML) Policy & Procedures and your most recent independent Review to dfi@utah.gov.
- Are you registered with FinCEN as a Money Service Business? ____Yes ____No
- Name of AML Compliance Officer _____ Telephone _____
- 9) If you conduct the business of a check casher in Utah but do not maintain an office in Utah, please describe the manner in which the business is conducted (attach a separate page if necessary) _____
- 10) Are you or any principal officer (i.e. director, manager, or operator) currently under investigation for, charged with, have ever pled guilty or no contest to, or been convicted of, a felony or misdemeanor? ____Yes ____No. If yes, please explain on a separate page.
- 11) Have you or any principal officer ever had an injunction, judgment, administrative order, or conviction of any crime involving moral turpitude? ____Yes ____No. If yes, please explain on a separate page.
- 12) Have you or any principal officer ever had any licensing action taken against you that resulted in suspension, probation, or revocation? ____Yes ____No. If yes, please explain on a separate page.
- 13) [Perform](#) a Utah [Bureau of Criminal Identification](#) report or equivalent for officers, directors, managers, operators (those cashing checks). Residents of other states should obtain a similar criminal history review from their respective state government. Please retain, **do not send to our offices**.

I hereby certify the information provided is true and correct and by signing this form, I represent our business practices will comply with Utah law.

Printed Name _____

Date _____ Signature _____ Title _____