STATE OF TENNESSEE
DEPARTMENT OF FINANCIAL INSTITUTIONS
COMPLIANCE DIVISION
SUITE 400, NASHVILLE CITY CENTER
511 UNION STREET
NASHVILLE, TENNESSEE 37219
615/741-3186

APPLICATION FOR RENEWAL OF CHECK CASHERS LICENSE

Application is hereby made to renew the license(s) granted pursuant to Chapter 309, Public Acts of 1997, to transact business as a Check Cashing Business:

1. Mailing Address and Telephone Number(s) of Home Office:
   Person responsible for matters relating to this renewal application

_____
Name and Title

_____
Company

_____
Street

_____
City, State, Zip Code

_____
Telephone Number

NOTE CHANGES BELOW

_____
Name and Title

_____
Company

_____
Street

_____
City, State, Zip Code

( ) _____ ( ) _____
Telephone Number Fax Number

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License Number: _____

Name of Licensee: _____
Full exact name of business for which application is made

_____
Legal name of business, if different from above (Please enclose documentation which authorizes the change of name or use of trade name)

_____
Street Address

_____
Mailing Address

_____
City, State, Zip Code

_____
Manager

_____
Telephone Number

NOTE CHANGES BELOW

_____
Full exact name of business for which application is made.

_____
Legal name of business, if different from above (Please enclose documentation which authorizes the change of name or use of trade name)

_____
Street Address

_____
Mailing Address

_____
City, State, Zip Code

_____
Manager

( ) _____ ( ) _____
Telephone Number Fax Number

Please answer all questions on this page. If necessary, provide details on a separate sheet. The licensee must also file the annual report with this application by **September 1, 2006**

2. Provide a current list including the name, social security number, residence and business address, residence and business phone numbers and title of each owner, partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder of the licensee.

3. Has the licensee's business structure or ownership changed during the past year? Yes___ No___ If Yes, detail the changes on a separate sheet.

4. Has the licensee filed for bankruptcy or reorganization within the last year? Yes___ No ___ If yes, provide details on a separate sheet.

5. Has the licensee or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year? Yes___ No___ If yes, please detail on a separate sheet.

6. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending? Yes___ No___ If yes, please detail on a separate sheet.

7. Has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been indicted or convicted of a felony in Tennessee or elsewhere? Yes___ No___ If yes, please provide details on a separate sheet.

8. Is the licensee currently licensed and/or operating as a check cashing business in another state? Yes___ No___ If yes, please identify the state(s) on a separate sheet.

9. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise? Yes___ No___ If yes, please provide details on a separate sheet. Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.

10. By providing your email address, the Department can send you information quicker and more efficiently. _____

email address

CONTINUED ON NEXT PAGE

11. NOTARIZATION

I, _____, a duly authorized officer of _____
Name of Officer

_____ certify under the penalties of perjury that all statements above, or
Name of Applicant

attached hereto, are true to the best of my knowledge and belief.

_____
Signature of Applicant Officer

State of _____

County of _____

The following individual personally appeared before me: _____

who, being duly sworn according to law, deposes and says that the statements contained in the above application are true and correct.

Sworn and subscribed before me this _____ day of _____, _____ .

_____
Notary Public

NOTARY SEAL

THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY A RENEWAL FEE OF $500 FOR EACH LICENSE. MAKE THE CHECK PAYABLE TO THE TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS. EACH BUSINESS LOCATION IS PRESENTED ON THE FOLLOWING PAGE(S). PLEASE REVIEW THE INFORMATION AND, IF APPLICABLE, MAKE ANY CORRECTIONS IN THE SPACE PROVIDED.