



STATE OF TENNESSEE
Department of Financial Institutions
Compliance Division
414 Union Street – Suite 1000
Nashville, Tennessee 37219
(615)741-3186

APPLICATION FOR RENEWAL OF
CHECK CASHING SERVICES LICENSE
DEADLINE September 1, 2009

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 Services Business:

1. Person responsible for matters relating to this renewal application:
Mailing address and telephone number(s) of home office:

Name and Title

Company

Street

City, State, Zip Code

Telephone Number

Fax Number

NOTE CHANGES BELOW

Name and Title

Company

Street

City, State, Zip Code

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, 2009**.

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. **(Please Attach)**
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 shareholders 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 services 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.

E-mail address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

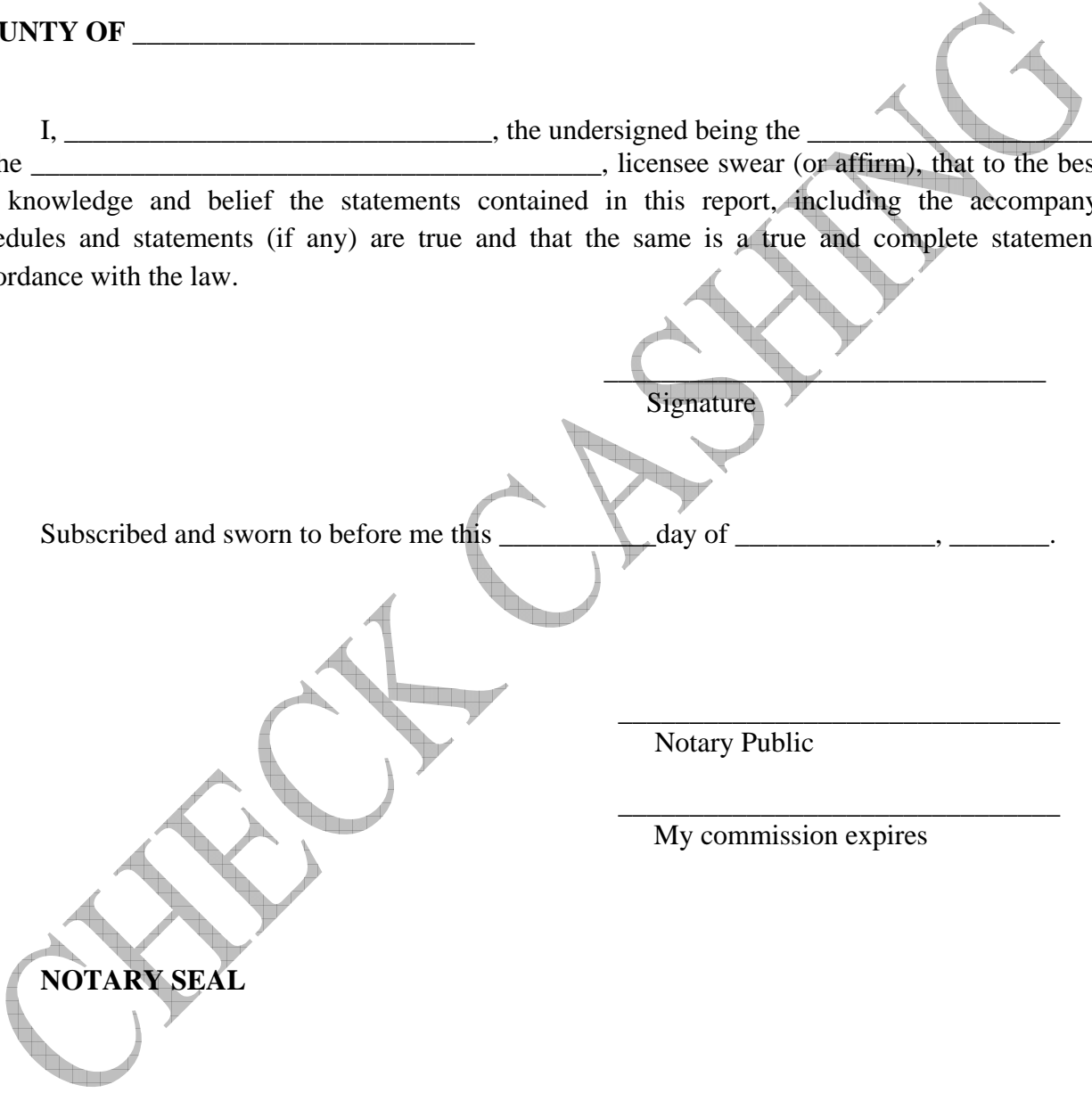
I, _____, the undersigned being the _____ of the _____, licensee swear (or affirm), that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any) are true and that the same is a true and complete statement in accordance with the law.

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires



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.