



**TENNESSEE DEPARTMENT
OF
FINANCIAL INSTITUTIONS**

APPLICATION FOR A MONEY TRANSMITTER LICENSE.

1. Name of Applicant _____

Contact Person: _____ Position _____

Daytime Phone Number: _____

2. Any trade name, assumed name or fictitious name used by applicant: _____

3. Principal street and mailing address of applicant _____

street

City

State

Zip

Phone

4. Address where business records are kept: _____

street

City

State

Zip

Phone

5. Describe other businesses or business transactions, if any, at the same location as the principal business address: _____

6. Applicants organizational structure [Check appropriate item(s)]:

- Proprietorship
- Partnership
 - General
 - Limited
- Corporation
 - Publicly Traded Corporation
 - Subsidiary of a Publicly Traded Corporation
- Association
 - Joint Stock Association
 - Trust
 - Limited Liability Corporation

7. List other states where applicant is operating in the business of money transmission. For each such state, describe applicant's current activities there along with a history of operations there. (Use additional pages if necessary)

8. If applicant has ceased engaging in the money transmission business in any state, describe the circumstances:

9. Provide a description of all activities conducted by the applicant and a history of operations:

10. Provide a history of the applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined at T.C.A. §45-7-203(9) as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents.

11. Describe the business activities in which the applicant seeks to be engaged in the state:

12. Payment instruments to be sold/issued (mark all that apply):

____ Checks ____ Money Orders ____ Travelers checks

____ Drafts ____ Wire Transfers ____ Other (explain)

13. Payment instruments to be sold/issued through (mark all that apply):

____ Company Owned Outlets ____ Subsidiaries or Affiliate

____ Independent Agents ____ Other (explain)

State total number of offices or agencies to be utilized under this license. ____

14. If Applicant has previously conducted the business of money transmission, please provide:

(a) The number of all transactions during the preceding 12 month period: _____

(b) The sum of all transactions during the preceding 12 month period: _____

(c) Total dollar amount of all outstanding transactions in Tennessee as of _____ application date: _____

(d) The name and address of all clearing and depository financial institutions used (use additional sheets if necessary): _____

(e) The methods employed for accounting for and auditing of funds received through money transmission activities : _____

(f) The fee structure for all types of transactions: _____

15. Name, address and phone number of surety company: _____

16. Do you currently have an internal auditor and/or internal audit program? _____

_____ If so,

Name of internal auditor _____

17. Number of employees: _____

Employer Identification Number (E.I.N.) _____

18. Number of reports filed during the last 12 months in accordance with 31 U.S.C. Section 5313 and 31 C.F.R. Part 103:

- _____ Form 4789 Currency Transaction Report
- _____ Form 4790 Report of International Transportation of Currency or Monetary Instrument
- _____ Form 90-22.1 Report of Foreign Bank and Financial Account

19. Identify all authorized agents in the state, if any, by name, address, business and home phone numbers, and any other businesses conducted by the agent at the same location: (use additional sheets if necessary)

20. Attach a sample authorized agent contract to this application, if applicable:

21. Attach a sample form of each type of payment instrument to be used to this application, if applicable: _____

22. The name, business and home address of and a chronological summary of the employment history and business experience over the preceding ten years of:

- (a) The proprietor, if the applicant is an individual;
- (b) Every member, if the applicant is a partnership;
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (However, if the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information about its directors);
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

NAME	TITLE	DOB
BUSINESS ADDRESS		PHONE NO.
HOME ADDRESS		PHONE NO.
EMPLOYMENT HISTORY		

(If more space is needed use additional sheet)

23. Have any of the above listed persons been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome.

24. The date and state of formation/incorporation: _____

25. Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

26. Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.

27. (a) Provide the history of material litigation and criminal charge(s) to which a guilty plea was entered or conviction obtained of the owner, partner, L.L.C. member, director, officer, five percent (5%) or more shareholder and beneficiary (trust) of the applicant for the ten-year period prior to the date of the application.

(b) The year of the plea or conviction for each charge.

(c) The state and county in which the criminal court was located for each guilty plea or conviction described in (a) above.

(d) Whether any guilty plea or conviction described in subsection (a) above was entered pursuant to T.C.A. 40-35-313 or other similar judicial diversion statute.

(e) Whether a petition for expungement of any convictions or guilty pleas has been filed by you or on your behalf for any convictions or pleas described in subsection (a) and (d).

(f) Other than minor traffic offenses (including Driving Under the Influence), please state whether you have ever been arrested (including grand jury indictment) during the past ten year.

(g) For any arrest described in subsection (f) above, please provide:

(i) The nature of the criminal offense and date of arrest.

(ii) The state and county where the arrest occurred.

(iii) How the criminal charge was concluded, e.g., a finding of not guilty; dismissed for lack of probable cause; Nolle Prosequi or retirement by the District Attorney General's Office; or, a pretrial diversion program.

28. Attach a copy of the applicant's unconsolidated audited financial statements for the current year and, if available, for the immediately preceding three-year period. If the applicant is a wholly owned subsidiary of a publicly traded corporation, see T.C.A. 45-7-207(2)(H) for additional requirements.

29. Provide the name and address of the registered agent for service of process:

30. The date admitted into Tennessee, if a foreign corporation:

31. Attach a copy of the instrument creating the trust and all amendments thereto:

32. Identify the place and date of the applicant's qualification to do business in this state.

33. Attach a copy of the applicant's audited financial statement (including balance sheet, statement of income or loss, and statement of changes in financial position) for the current year and, if available, for the immediately preceding two-year period.

34. List the full name and address of the owners, if a sole proprietorship or all partners identifying the percentage of ownership: _____

(use additional sheets, if necessary)

35. Attach Financial statements in accordance with T.C.A. §45-7-207.

36. Have you read the attached copy of the Money Transmitters Act in its entirety? ___ Yes ___ No

37. Fiscal year end: Month ___ Day ___

38. Date of most recent audited, unconsolidated financial statement of Applicant:

39. Name and address of independent certified public accountant:

40. Period covered by financial statement attached: _____

CERTIFICATION:

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this MONEY TRANSMITTER APPLICATION are true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

For Individual and Partners

For Corporations and other Organizations

(Name of Corporation)

BY: _____

Title

ATTEST: _____

Title

SEAL

State of _____

County of _____

On this the _____ day of _____, year _____, before me, a Notary Public

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth are true to the best of his/her/their knowledge and belief.

Notary Public in and for

County of _____

My commission expires: _____