



CHECK-CASHING BUSINESS
INITIAL LICENSE APPLICATION
 (Oregon Check Casher Act, ORS 697.500)

For businesses *without* a current consumer finance or pawnbroker license:

Application fee: \$150 per location
 Investigation fee: \$150 per application

All business names used in Oregon must be registered with the Oregon Office of the Secretary of State, Business Registry Section, 503-986-2200, www.filinginoregon.com.

Please respond to all questions. Answer N/A if the answer is “none” or “not applicable.”

1. Business name of applicant:		
2. Business organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
3. Taxpayer identification number (EIN or TIN):		
4. Assumed business name(s), if different:		
5. Mailing address for principal place of business:		
City:	State:	ZIP:
6. Phone: - -	Fax: - -	Web site address:
7. Name of Oregon registered agent:		
8. Attach a complete statement of your current financial condition, including most recent balance sheet and profit-and-loss statement.		
9. Is this business currently under bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		

Application continued on next page

Secure fax for credit card payments: 503-947-2333

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
_____	_____
Credit card number	Expiration date
_____	(1001) License fee(s): \$
Name of cardholder as shown on credit card	(1004) Investigation fee(s): \$
_____	Total amount: \$
Cardholder signature	

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

Mail application with payment to:

DCBS - Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

PCA code: 61410

Fiscal use only:



10. List the addresses of the check-cashing locations applying for licenses:			
Address	City	County	ZIP Code

Please attach a separate sheet of paper if needed to provide this information for each location.

11. Attach a copy of the fees to be charged for cashing payment instruments. If these fees vary by location, provide the information specific to each location. (Note: Licensees must also post this information at each location.)
12. Attach completed forms for each partner, officer, director, principal, and manager (form on page 4).
13. Who in your company should receive the following?

- Amended Oregon Check-Cashing Business Administrative Rules (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone: - -		Fax: - -	
E-mail:			

- Annual check-cashing report forms to be filed with the Division of Finance & Corporate Securities (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone: - -		Fax: - -	E-mail:

Application continued on next page

• Invoice for biennial license fees (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone: - -	Fax: - -	E-mail:	

• Person to contact regarding complaints (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone: - -	Fax: - -	E-mail:	

I certify that the information contained in this application is current and accurate as of the day it was signed and will notify the Division of Finance and Corporate Securities of any changes to this application that occur before the license is issued.

I further state that I am the _____ of the company and am authorized to act on its behalf. (enter position or title)	
Name (type or print):	Phone: - -
Signature:	Date:

Application continued on next page

NOTE: Filing this application and payment of these fees is not an assurance that a license will be issued. The Division of Finance and Corporate Securities must review and approve your application and supplemental materials.

Each member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

Name:			Position or title:		
Home street address:			Home mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Home phone: - -			E-mail:		
Office street address:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Office phone: - -			Fax: - -		
Social Security Number: - -			Date of birth (mm/dd/yyyy): / /		
Driver license no.:			Percentage of ownership:		
Have you been convicted of a felony in the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit during the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held during the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you had any entry of any money judgments that are not paid in full? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you filed for voluntary or involuntary bankruptcy protection during the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Attach a resume of the past five years of work experience.					

I certify that the information I've provided is current and accurate as of the day it was signed and I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature of member, partner, officer, owner, principal, or manager:	Date:
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