

**N J DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU
P O BOX 473
TRENTON, NJ 08625**

BRANCH OFFICE INSTRUCTIONS

1. Indicate the type of branch license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. Application must be properly signed and dated. Signatures must be witnessed by a notary public or attorney.
5. Send a company check or money order made payable to: **Treasurer, State of New Jersey.** The check must be in the amount listed in the schedule below for the license type selected on the application. Personal checks are not accepted.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Motor Vehicle Installment Seller	\$300.00
Home Repair Contractor	\$300.00
Home Finance Agency	\$400.00
Pawnbroker	\$500.00
Check Casher	\$700.00
Insurance Premium Finance Company	\$500.00
Non-Profit Debt Adjuster	\$300.00

NOTE: All fees submitted with an application are NON-REFUNDABLE.

Questions regarding an application may be directed to Bliconline@dobi.nj.gov or (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
P.O. Box 473
Trenton, NJ 08625

For Overnight delivery:

Licensing Services Bureau:
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08608

SPECIAL INSTRUCTIONS CHECK CASHER BRANCH OFFICE APPLICATION

This is an application for licensure as an office of a check casher pursuant to the New Jersey Check Cashers Regulatory Act of 1993, N.J.S.A. 17:15A-30 et seq. In part, this law provides that “No office or mobile office shall be located within 2,500 feet of an existing office or mobile office, that distance being measured as the radius of a circle with the entrance to the existing office or mobile office considered as the center point from which the radius is measured.” Since there are no exceptions to the geographic restriction, this issue must be carefully reviewed to determine the viability of submitting an application.

NOTE: applications that do NOT include the required certified survey upon submission will NO LONGER be accepted and will be returned without further review.

In addition to the general instructions, you must also submit the following items:

- A. An unqualified, audited financial statement prepared by a Certified Public Accountant in good standing with the Board of Accountancy. The financial statements must be in accordance with generally accepted accounting principles, demonstrating that the licensee has a minimum net worth of \$50,000 per location to be licensed and a minimum in liquid assets of \$50,000 per location to be licensed.
- B. A certified survey clearly establishing the distance between your proposed address (in the case of mobile offices, each proposed mobile stop) and all other licensed check cashers, both stationary offices and approved mobile office stops, both in the city where the proposed branch office is to be located and in any surrounding contiguous communities that might fall within the 2,500 foot radius.
- C. Copy of the deed, lease, or rental agreement for the premises to be licensed.
- D. Written physical description of the premises to be licensed.
- E. Four photographs, two exterior and two interior, clearly depicting the premises to be licensed.
- F. Evidence of compliance with local zoning requirements, specifically identifying that a check cashing operation may be located at the proposed site, in the form of a letter from the local zoning officer.
- G. A notarized statement identifying any other business being conducted or intended to be conducted at the office location to be licensed. Please note that N.J.S.A. 17:15A—47(f) states that a check casher is **PROHIBITED** from engaging in business other than a business which primarily provides financial services at an office or mobile office. This statement must fully describe the nature and scope of any other businesses and how such other business will be physically separated from the proposed check cashing business.

- H. For a mobile unit, attach the following:
1. Copy of the vehicle registration.
 2. Copy of the vehicle title
 3. Copy of the insurance card or other evidence of insurance coverage.
 4. Four photographs, two interior and two exterior, clearly presenting a picture of the vehicle to be utilized.
 5. Schedule identifying: (1) the street and city address of each proposed stop; and (2) the days and hours of operation for each stop.

I. Attach for the proposed branch office manager:

- a. Personal Certification Form
- b. 2" x 2" Passport type photograph
- c. Completed MorphoTrak Universal Form and payment receipt evidencing completion of LiveScan fingerprinting process

NOTE: The branch office manager must complete LiveScan fingerprinting and be cleared through the New Jersey State Police and the Federal Bureau of Investigation.

NOTE: All employees of a check cashing business must complete LiveScan fingerprinting and be cleared through the New Jersey State Police and the Federal Bureau of Investigation

For more information on the fingerprinting process, go to:

<http://www.state.nj.us/dobi/banklicensing/checkcashfingerprint06.html>

Questions concerning this application should be directed to Licensing Services Bureau at (609) 292-7272 (follow menu prompts and select #3, then select #2, then select #1 to be connected to Banking Licensing staff)

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

BRANCH APPLICATION

INDICATE TYPE OF LICENSE:		
Motor Vehicle Installment Seller	Home Repair Contractor	Pawnbroker
Check Casher		

TYPE OR PRINT CLEARLY

- 1. Name of Applicant: _____
D/B/A or Trade Name (if applicable) _____
- 2. Principal address as it appears on license: _____
Reference No. _____
- 3. Address of branch office to be licensed(include, city, state, county & zip code) _____

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a banking license and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signature of Corporate President, Partner, Sole Proprietor

Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)

CHECK CASHER BRANCH APPLICATION ADDENDUM

OFFICE MANAGER INFORMATION (Attach additional sheets if necessary):

NAME	BUSINESS OFFICE ADDRESS

MOBILE UNIT INFORMATION (If applicable):

NJ LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE DESCRIPTION

Attach a separate schedule identifying each proposed stop of the mobile unit, noting the actual street and city address of each, as well as the days and hours of operation.

PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner _____
Director _____
Stockholder _____
Employee _____

1. Name _____
2. Residence Address _____
3. Business Address _____
4. Date of Birth _____ Place of Birth _____
5. Telephone No. (____) _____ Social Security Number _____

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes _____ No _____. Are you a citizen of the United States? Yes _____ No _____. If no, in what country do you hold citizenship? _____.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes _____ No _____ **If “yes”, complete [ARREST FORM](http://www.dobi.nj.gov) found on www.dobi.nj.gov.**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes _____ No _____
10. Have you been involved in any material litigation during the five-year period prior to application? Yes _____ No _____
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes _____ No _____. Are you in arrears on such obligations for a period of six months or more? Yes _____ No _____.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20_____

Title