

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE**

**LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625**

CHECK CASHER LIMITED BRANCH APPLICATION

TYPE OR PRINT CLEARLY

1. Licensee Name: _____ Ref. No. _____

2. Name of Business Entity for whom private check cashing services are to be provided:

3. Address of Business Entity where private check cashing services are to be provided:

(Include: street, city, county, state & zip code)

4. Days of the week (limited to two) check cashing services are to be provided: _____

5. Hours of operation for provision of check cashing services: _____

NOTE: Submit completed application **AND** a business check or money order made payable to: Treasurer, State of New Jersey in the amount of \$700 and a copy of the executed agreement between the licensee and the business entity identified above.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the information set forth is true to the best of my knowledge and belief. This application is made for the approval of a limited branch for a licensed check cashing business, and I understand that any information withheld or that represents a material misstatement will constitute grounds for rejection of this application by the Department of Banking and Insurance.

(Signature of Corporate Officer, Member, Partner
Or Sole Proprietor)

Subscribed and sworn to before me at

This _____ day of _____, 20____

Official Title

Revised 9/2014