**APPLICATION FOR REGISTRATION AS A**

**CHECK CASHER OR FOREIGN CURRENCY EXCHANGER**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0035**

**TEL: (207)624-8527**

**FAX: (207)582-7699**

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|  | **FOR OFFICE USE ONLY**  DATE NOTIFICATION REC'D:\_\_\_\_\_\_\_\_  AMOUNT FEE REC'D:\_\_\_\_\_\_\_\_\_  CASH  CHECK  CHECK#:\_\_\_\_\_\_\_\_\_  CN: \_\_\_\_\_\_\_\_\_  CHECKED BY: \_\_\_\_\_\_\_\_\_ |

1. **NAME:** For individuals:

Legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For partnerships, associations or corporations:

On a separate piece of paper, please type the name, social security number, residential address and business address of each partner, officer or administrator.

1. **RESIDENT AGENT:** The name, address and phone number of applicant's agent in this state for service of process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PRINCIPAL OFFICE:** Address of principal office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4. OTHER LOCATIONS:**

Complete addresses of other locations from which you intend to do business with Maine consumers:   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **LOCATION OF RECORDS:** Please indicate where business records will be located:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CAPITAL ADEQUACY:** Please attach financial records, prepared in accordance with generally accepted accounting principles, proving that the applicant has liquid assets useable in the business of at least $10,000.
2. **BUSINESS EXPERIENCE:** Please attach the resumé of each individual listed in your response to Question #1. In addition, please attach the resumé of all directors, officers, supervisory employees, owners or controllers of the business.
3. **CONVICTIONS/SUSPENSIONS:** With respect to any individuals included in your response to Question #1 and Question #7, please indicate any:
4. Criminal records;
5. Acts of fraud or other personal dishonesty;
6. Acts, omissions or practices that constitute a breach of fiduciary duty; or
7. Suspensions or removals, by any agency or department of the United States or any state, from participation in the conduct of any federally or state-licensed or regulated business.

**9. LIST OF SERVICES AND CHARGES:** Please attach a schedule of fees you intend to charge consumers for the various services provided.

**10. REGISTRATION FEE:** Please enclose with this application a fee of $250 for primary registration, plus an additional $100 for each location from which you intend to do business with Maine consumers. Check should be made payable to “Treasurer, State of Maine.”

**11. EXAMINATION CONTACT:** Please list the name, address and phone number of the contact person for the schedule of compliance examinations:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. COMPLAINT CONTACT:** Please list the name, address and phone number of the contact person for resolution of complaints filed by consumers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**13. TYPE OF BUSINESS CONDUCTED:** Please check the type of business you are to conduct (Please check all that apply):

Check Casher  Foreign Currency Exchanger

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

I swear or affirm to the truth and completeness of the information contained in and submitted with this application.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Check Casher/Foreign Currency Exchanger statutes require that the license fee be paid prior to December 31st annually. Please mail to:

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| **BUREAU OF CONSUMER CREDIT PROTECTION**  **35 STATE HOUSE STATION**  **AUGUSTA, MAINE 04333-0035** | **Overnight/Express Mail to:**  **BUREAU OF CONSUMER CREDIT PROTECTION**  **76 Northern AVENUE**  **GARDINER, MAINE 04345** |

**NOTICE REGARDING PUBLIC INFORMATION**

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRS § 401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered pubic records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website.