



MARYLAND CHECK CASHER COMPANY APPLICATION CHECKLIST

LEGAL REQUIREMENTS:

[Maryland Code Annotated, Financial Institutions § 12-101 et seq.](#)

APPLICATION PROCESS:

This document includes instructions for a new check cashing license request via the Office of the Commissioner of Financial Regulation (“Commissioner”) website at: <http://www.dllr.state.md.us/finance/industry/checkcash.shtml>

Additionally, if you have more than one location, you must submit a separate application for each location.

Please note that the Commissioner must receive (at the address below) the information marked “**Attached**” on the checklist within five (5) business days of the electronic submission of your application:

For U.S. Postal Service or Overnight Delivery

*Maryland Commissioner of Financial Regulation
Attn: Licensing Unit
500 N Calvert Street, Suite 402
Baltimore, Maryland 21202*

INCOMPLETE APPLICATION:

If your application package is incomplete (including explanations and/or required documentation submitted in an incorrect format) sixty (60) days after the application filing, the Commissioner may terminate the processing of the application and will deem the incomplete application withdrawn by the applicant.

LICENSING FEES:

Initial License Original Office (Investigation Fee NOT Included): \$1,000.00

Investigation Fee (non-refundable): \$100.00

License Renewal: \$1,000.00

Registration Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	MARYLAND CHECK CASHER COMPANY APPLICATION CHECKLIST
<input type="checkbox"/>	<input type="checkbox"/>	<p>APPLICATION FEE: Non-refundable license fee paid by check was mailed with original paper application and invoice on _____ [Date] to:</p> <p style="text-align: center;">Maryland Commissioner of Financial Regulation P.O. Box 17409 Baltimore, Maryland 21297-1409</p>
<p>OWNERSHIP/PRINCIPAL OFFICER INFORMATION: Select the classification of the applicant's legal status and attach the requested supporting documentation for each owner/principal.</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<p>Sole Proprietor:</p> <ul style="list-style-type: none"> • Full legal name • Residential and business addresses • Residential, cell, and business telephone number(s) • Email Address(es) • Social security/ FEIN (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<p>General Partnership:</p> <ul style="list-style-type: none"> • Full legal name of each partner • Each partner's residential and business addresses (no P.O. Box) • Each partner's residential, cell, and business telephone number(s) • Each partner's email address(es) • Each partner's social security number • Each partner's respective ownership share <p>*If any partner is an entity, refer to the applicable entity in this list for required information.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Limited Partnership/Limited Liability Limited Partnership:</p> <ul style="list-style-type: none"> • Full legal name of each general and each limited partner • Each partner's residential and business addresses (no P.O. Box) • Each partner's residential, cell, and business telephone number(s) • Each general partner's email address(es) • Each partner's social security number • Each partner's respective ownership share <p>*If any partner is an entity, refer to the applicable entity in this list for required information.</p>

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<input type="checkbox"/>	<input type="checkbox"/>	<p>Limited Liability Company (LLC):</p> <ul style="list-style-type: none"> • Full legal name of each member and each manager • Each member’s residential and business addresses (no P.O. Box) • Each member’s residential, cell, and business telephone number(s) • Each member’s and manager’s (latter if applicable) email address(es) • Each member’s and manager’s (latter if applicable) social security number • Each member’s respective ownership share
<input type="checkbox"/>	<input type="checkbox"/>	<p>Corporation:</p> <ul style="list-style-type: none"> • Full legal name of each shareholder who owns 10% or more of the applicant (“shareholder”), each director and principal officer • Each shareholder’s, director’s, and principal officer’s residential addresses (no P.O. Box) • Each shareholder’s, director’s, and principal officer’s residential, cell, and business telephone number(s) • Corporation’s telephone number • Each shareholder’s, director’s, and principal officer’s email address(es) • Each shareholder’s, director’s, and principal officer’s social security number • Each shareholder’s, director’s, and principal officer’s respective ownership share
<input type="checkbox"/>	<input type="checkbox"/>	<p>BUSINESS EXPERIENCE AND RESUME: Identify the owner or principal officer who own or control 10% or more of the corporation or LLC.</p> <p>For each person listed, the resume must specifically state: job title, place of employment with full address, month and year employment began, month and year employment ended, and a description of duties and responsibilities of that position.</p>
<p>BUSINESS ENTITY AND FORMATION: Select the classification of the applicant’s legal status and attach the requested supporting documents.</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<p>GENERAL PARTNERSHIP:</p> <ul style="list-style-type: none"> • Partnership Agreement (including all amendments)
<input type="checkbox"/>	<input type="checkbox"/>	<p>LIMITED PARTNERSHIP:</p> <ul style="list-style-type: none"> • Certificate of Partnership; and • Partnership Agreement (including all amendments)

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<input type="checkbox"/>	<input type="checkbox"/>	LIMITED LIABILITY LIMITED PARTNERSHIP: <ul style="list-style-type: none"> • Certificate of Limited Liability Limited Partnership; and • Partnership Agreement (including all amendments)
<input type="checkbox"/>	<input type="checkbox"/>	LIMITED LIABILITY COMPANY (“LLC”) <ul style="list-style-type: none"> • Articles of Organization (including all amendments) • Operating Agreement (including all amendments); and • LLC resolution if authority not in operating agreement
<input type="checkbox"/>	<input type="checkbox"/>	CORPORATION <ul style="list-style-type: none"> • Articles of Incorporation (including amendments) • By-laws (including all amendments), if applicable; • Shareholder Agreement (including all amendments), if applicable; and • Corporate resolution if authority to complete application not in By-laws or Shareholder Agreement, as applicable
<input type="checkbox"/>	<input type="checkbox"/>	TRADE NAME REGISTRATION CERTIFICATE: If the applicant will be operating under a name other than its legal name, attach a trade name registration certificate issued by the Maryland State Department of Assessments and Taxation.
<input type="checkbox"/>	<input type="checkbox"/>	STATE OF FORMATION CERTIFICATE OF GOOD STANDING: As applicable, <u>if applicant is an entity formed in a state other than Maryland</u> , attach a certificate of good standing issued by applicant’s state of formation not more than sixty (60) days prior to the date of this application.
<input type="checkbox"/>	<input type="checkbox"/>	GOOD STANDING STATUS: Applicants must be registered and in good standing with the Maryland Department of Assessments and Taxation (SDAT) to be licensed. The current good standing status may be verified on the SDAT website: http://dat.maryland.gov . Proof of the good standing status must be provided with the application.
<input type="checkbox"/>	<input type="checkbox"/>	RESIDENT AGENT: Identify the entity or individual (name and address), located in the State of Maryland, who will receive service of legal process on behalf of the applicant. Name: _____ Address: _____ _____ _____ _____

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<input type="checkbox"/>		<p>CRIMINAL HISTORY/BACKGROUND CHECK: A State of Maryland and an FBI background check is required for control person, president, officer who owns 10% or more of the business, qualifying individual and any other individual requested by the commissioner.</p> <ul style="list-style-type: none"> • Fingerprint cards will be sent to the contact person of record for all individuals that need to be fingerprinted. • If the applicant is located in Maryland or any region which allows access to a Maryland Live Scan, the applicant may choose to complete the fingerprinting by visiting a Live Scan provider. • Out of state applicants must use the fingerprint cards provided by Maryland and the completed cards must be mailed to CJIS by the applicant or the provider. • The state and FBI background check for all fingerprinted individuals must be received before the application can be approved.
<input type="checkbox"/>		<p>MONEY SERVICES BUSINESS All applicants must register with FinCen as a Money Services Business. Information to register can be found on this site: http://www.fincen.gov/financial_institutions/msb/msbstateselector.html</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>MARYLAND BUSINESS ACTIVITY:</p> <ol style="list-style-type: none"> 1. Has applicant ever engaged in any check cashing business activity in Maryland? Yes ___ No ___ If “Yes,” provide an explanation as noted in questions 2 and 3 below. 2. If the answer to #1 is “Yes,” did applicant hold a Maryland Check Cashing License at the time check cashing business activity was conducted? Yes ___ No ___ If “Yes,” provide Maryland Registration No. _____ 3. If the answer to #2 is “No,” was applicant exempt from licensing during all of the time that check cashing business activity was conducted? Yes ___ No ___ If “Yes,” provide an explanation of exemption claimed as instructed below.

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<input type="checkbox"/>	<input type="checkbox"/>	<p>EXPLANATION OF EXEMPTION CLAIMED: If applicant's response to question 3 above was "Yes," provide:</p> <p>A detailed explanation of the basis for the exemption claimed (including the statutory and/or regulatory citation and any supporting documentation); and the date(s) on which check cashing business activity was conducted.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>EXPLANATION OF MARYLAND BUSINESS ACTIVITY: If applicant engaged in check cashing business activity other than while licensed or exempt from licensing, attach a detailed explanation that includes:</p> <ul style="list-style-type: none"> a) Date(s) check cashing activity was conducted; b) Name(s) of each consumer involved; c) Amount of fees collected from each consumer; d) Copies of related consumer correspondence; e) Name of each creditor for whom check cashing business was conducted; f) All locations where check cashing business activity was conducted; and g) All other relevant documentation.
APPLICATION DISCLOSURE QUESTIONS:		
<input type="checkbox"/>	<input type="checkbox"/>	<p>QUESTION 1: <i>Have YOU ever applied for and been denied a license issued by the Department of Labor, Licensing and Regulation or any other governmental unit of Maryland or any other state?</i> Yes ___ No ___</p> <p>For each denial, describe license type, identification of the unit that denied, date of the denial and reason(s) for the denial.</p> <p>"You" refer to any persons, including owners, partners, members, directors, officers and control persons, that are part of the registration, including any business entity. If a business entity is the owner, than the response must be from the persons that are part of that entity.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>QUESTION 2: <i>Have YOU ever been issued a license by the Commissioner?</i> Yes ___ No ___</p> <p>For each license, list license type, the name used, the license/registration number and term.</p>

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<input type="checkbox"/>	<input type="checkbox"/>	<p>QUESTION 3: <i>Will YOU be or are YOU now directly or indirectly paying or providing any form of compensation to any person other than a bona fide employee for referrals to the licensed business?</i> Yes ___ No ___</p> <p>Provide a written description of the relationship and any applicable supporting documentation.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>QUESTION 4: <i>Have there been any criminal, civil, or administrative actions initiated against YOU by any governmental agency, or individual in the past 12 months? Yes ___ No ___</i></p> <p>Provide a written description, including but not limited to, the type of action, title and/or docket number associated with the action, identification of the initiating agency or party, the jurisdiction where the action was initiated, the current status of the action (pending, closed, etc.) and the outcome of the action, and any applicable supporting documentation.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>QUESTION 5: <i>Have YOU ever been convicted of or received probation before judgment for any criminal offense? Yes ___ No ___</i></p> <p>Provide a written description and any applicable supporting legal documentation (including, but not limited to, the financial disposition, order(s) of expungement, and any other court documents. If documents are unavailable, provide a letter from the court stating that the documents are unavailable).</p>

WHOM TO CONTACT – Contact the Commissioner of Financial Regulation licensing staff by phone at 410-230-6155 or 888-784-0136 for further assistance regarding Maryland specific requirements.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH APPLICANT/LICENSEE IS APPLYING. THE SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.