



MARYLAND CHECK CASHER BRANCH APPLICATION CHECKLIST

LEGAL REQUIREMENTS:

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

APPLICATION PROCESS:

This document includes instructions for a new check cashing services branch license request via the Office of the Commissioner of Financial Regulation (“Commissioner”) website at: <http://www.dllr.state.md.us/finance/industry/checkcash.shtml> If you need to complete a new application for a company location (principal executive office location) refer to the appropriate new application checklist.

Note: The company (principal executive office location) must submit a new application form (or be in an approved-status) prior to the submission of a new branch application.

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filing, the Commissioner may terminate the processing of the application and will deem the incomplete application withdrawn by the applicant.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 BRANCH APPLICATION CHECKLIST
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FEE: Non-refundable license fee paid by check was mailed with original paper application and invoice on _____ [Date] to: Maryland Commissioner of Financial Regulation P.O. Box 17409 Baltimore, Maryland 21297-1409
<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"/>	MARYLAND BUSINESS ACTIVITY: 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 installment loan 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></p> <p>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?</i> Yes ____ No ____</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?</i> Yes ____ No ____</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.