



**CHECK-CASHING BUSINESS**  
**INITIAL LICENSE APPLICATION**  
 (Oregon Check Casher Act, ORS 697.500)

**For businesses *without* a current consumer finance or pawnbroker license:**

Application fee: \$150 per location – 1001  
 Investigation fee: \$150 per application – 1004

All business names used in Oregon must be registered with the Oregon Office of the Secretary of State, Business Registry Section, 503-986-2200, [www.filinginoregon.com](http://www.filinginoregon.com).

**Please respond to all questions. Answer N/A if the answer is “none” or “not applicable.”**

1. Business name of applicant:		
2. Business organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
3. Taxpayer identification number (EIN or TIN):		
4. Assumed business name(s), if different:		
5. Mailing address for principal place of business:		
City:	State:	ZIP:
6. Phone: - -	Fax: - -	Website address:
7. Name of Oregon registered agent:		
8. Attach a complete statement of your current financial condition, including most recent balance sheet and profit-and-loss statement.		
9. Is this business currently under bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		

*Application continued on next page*

**Secure fax for credit card payments: 503-947-2333**

**If paying by credit card, applicant must sign credit card information box.**

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
Credit card number	Expiration date
Name of cardholder as shown on credit card	(1001) License fee(s): \$
Cardholder signature	(1004) Investigation fee(s): \$
	Total amount: \$

**Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.**

**Mail application with payment to:**  
 DCBS - Fiscal Services  
 P.O. Box 14610  
 Salem, OR 97309-0445

**PCA code: 61410/1001    61410/1004**

**Fiscal use only:**



10. List the addresses of the check-cashing locations applying for licenses:			
Address	City	County	ZIP Code

*Please attach a separate sheet of paper if needed to provide this information for each location.*

11. Attach a copy of the fees to be charged for cashing payment instruments. If these fees vary by location, provide the information specific to each location. (Note: Licensees must also post this information at each location.)
12. Attach completed forms for each partner, officer, director, principal, and manager (form on page 4).
13. Who in your company should receive the following?

- Amended Oregon Check-Cashing Business Administrative Rules (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone:    -   -		Fax:            -   -	
Email:			

- Annual check-cashing report forms to be filed with the Division of Financial Regulation (only one name):

Name:		Position or title:	
Office address:			
City:		State:	ZIP:
Office phone:    -   -		Fax:            -   -	
Email:			

*Application continued on next page*



**Oregon Department of Consumer and Business Services**

**Division of Financial Regulation**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881

Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-378-4140 • Fax: 503-947-7862

http://dfcs.oregon.gov



**CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION**

*Each* member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

First name:		Middle name:		Last name:	
Name of company:					
Home phone:        -        -			Office phone:        -        -		
Home address:			Office street address:		
City:	State:	ZIP:	City:	State:	ZIP:
Home mailing address, if different:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Date of birth (mm/dd/yy):    /    /			Position or title:		
Social Security number:        -        -			Email:		
Driver license number and state:			Percentage of ownership:        %		
<b>ATTACH A RESUME OF THE LAST FIVE YEARS OF WORK EXPERIENCE</b>					
Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you had any entry of any money judgments that are not paid in full? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you filed for voluntary or involuntary bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					

I certify that the information I've provided is current and accurate as of the day it was signed and I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date