



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

**For businesses that currently have one of the licenses listed below:**

Application fee: \$150 per location – 1001  
 Investigation fee: \$75 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.”**

Business name of applicant:	
If you hold one of the following Oregon licenses, please provide <b>one</b> of your existing license numbers:	
<b>Check cashing business</b>	License no.:
<b>Consumer finance lending</b>	License no.:
<b>Payday and title lending</b>	License no.:
<b>Pawnbroker</b>	License no.:
<p>NOTE: The check-cashing licensing requirements <b>do not</b> apply to a money transmitter operating with a valid Oregon license. The limits on fees, fee posting requirements, recordkeeping, and other requirements of the law <b>do</b> apply to licensed money transmitters.</p>	

*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.**

**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

<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:    \$

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

**Fiscal use only:**

Business organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
Taxpayer identification number (EIN or TIN):			
Assumed business name(s), if different:			
Mailing address of applicant:			
City:		State:	County:      ZIP:
Phone:    -    -	Fax:    -    -	Website address:	
Name of Oregon registered agent:			
Attach a complete statement of your current financial condition, including most recent balance sheet and profit-and-loss statement.			
Is this business under bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:			
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.)			
List the addresses of the locations applying for check-cashing licenses.			
Address	City	County	ZIP code

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

I certify that the information contained in this application is current and accurate as of the day it was signed and will notify the Division of Financial Regulation of any changes to this application that occur before the license is issued.

I further state that I am the _____ of the company and am authorized to act on its behalf. <span style="margin-left: 100px;">(enter position or title)</span>	
Name (type or print):	Phone:    -    -
Signature:	Date:

**NOTE:** Filing this application and paying application and license fees is not an assurance that a license will be issued. The Division of Financial Regulation must review and approve your application and supplemental materials.





## 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