



CHECK-CASHING BUSINESS INITIAL LICENSE APPLICATION

Check Cashing Licensing Requirement:

Unless location is determined exempt as provided in ORS 697.502 and OAR 441-755-0110, a person may not conduct, purport to conduct, or advertise that a location conducts a check cashing business. **NOTE:** The check-cashing licensing requirements do not 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 do apply to licensed money transmitters.

General Information max fees and receipt requirement

Fees allowed to be charged by ORS 697.520.

- Up to 2 percent of the check's face-value for a government check, such as a tax return check, or a payroll check issued by a federal, state, city or county agency, if consumer presents a valid and current photo ID.
- Up to 3 percent of the value of the payment instrument, or \$5, whichever is higher, when the check was issued by a government entity other than a government entity within the state of Oregon, if the consumer presents a valid and current photo ID.
- Up to 10 percent for other types of checks, including insurance checks, money orders, or personal checks or \$5, which ever is more.
- No licensed check casher can charge more than \$100 to cash a check.
- Under Oregon law, all licensees must post their license and their fees in plain view of customers.

Please refer to page 6 of the application for a complete list of Oregon's maximum fees.

Receipt content

A licensed check cashing business must provide customer a receipt with the following information for each payment instrument cashed:

- Name of the check cashing business
- Date of the transaction
- Face-value of the check
- Fee charged

An application will be deemed abandoned if applicant fails to provide requested information within 30 days of a warning that the application is about to be deemed abandoned. Application fees are not refundable. (OAR 441-755-0120)

Renewal 2-year: The renewal fee is currently \$150. Once the license is renewed, it will be valid for two calendar years. A renewal form will be mailed approximately four weeks prior to the date of renewal.

Annual Report – due April 1: An annual report is required to be completed by April 1 each year. The report requires disclosure of the number of checks cashed, the dollar amount of the checks cashed, and the total amount of fees collected for the prior calendar year. You may obtain the annual report form on the website: www.dfr.oregon.gov. **It is your responsibility to submit the required annual report.** You may be fined or have your licensed revoked if you fail to comply.

Governing statutes and rules: Oregon Revised Statute 697.500 – 697.555 and Oregon Administrative Rules Division 755

Questions? Call 503-378-4140

More information: <https://dfr.oregon.gov/business/licensing/financial/Pages/check-cashing-bussiness.aspx>





CHECK-CASHING BUSINESS INITIAL LICENSE APPLICATION

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

Business name of applicant:		
Taxpayer identification number (EIN or TIN):		
Website address if applicable:		
Business organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
Date of formation:		
Physical address:		
City:	State:	ZIP:
Mailing address if different:		
City:	State:	Zip:
Phone: - -	Fax: - -	Email address:

Application and investigation fee calculation

Application fee of \$150	\$
\$150 additional fee per location listed on next page of application	\$
Investigation fee is \$75 if the applicant has a current Oregon consumer finance, pay/title, or pawnbroker license, otherwise it is \$150. For discount, provide licensing information below.	
License type: <input type="checkbox"/> Consumer finance <input type="checkbox"/> Payday/title <input type="checkbox"/> Pawnbroker License no.:	\$
Total of fees	\$

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: - -
Cardholder signature	Expiration date
Name of cardholder as shown on credit card	(1001) License fee(s): \$
Credit card number	(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: 93090/1001 93090/1004

Fiscal use only:



Additional Locations to be Licensed - Complete this section for any additional locations that need to be licensed in Oregon. If there are none, skip this section.

Physical address for first additional place of business:		
City:	State:	ZIP:
Mailing address if different:		
City:	State:	Zip:
Assumed business name(s):		
Phone: - -	Fax: - -	Email address:
Branch manager's name:		

Physical address for second additional place of business:		
City:	State:	ZIP:
Mailing address if different:		
City:	State:	Zip:
Assumed business name(s):		
Phone: - -	Fax: - -	Email address:
Branch manager's name:		

Please attach a separate sheet of paper if needed to provide this information for additional locations.

Contact information for Company

Person responsible for submitting annual report:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email address:

Person responsible for consumer complaints:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email address:

Person responsible for licensing:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email address:

Application continued on next page

Oregon agent for service of process:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email address:

Person responsible for examinations:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email address:

Corporate Owner - Complete this section if the application is owned in whole or part by another company

Company name:		
Physical address:		
City:	State:	ZIP:
Percent of ownership:		

Please attach a separate sheet of paper if needed to provide this information for additional corporate owner.

Attach and submit the following information

- A copy of your business name registration with the Oregon Office of the Secretary of State, Business Registry Section (503-986-2200). All business names used in Oregon must be registered with the Secretary of State
- A business plan for your current business that describes the type of products and services you will be offering. Common examples: money wiring, groceries, prepay phones, clothing, deli food, etc.
- A complete statement of your current financial condition, including most recent balance sheet and profit-and-loss statement. If this is a newly formed business, you may provide a written explanation of the source of funds that will be used for check cashing activity and the last three months of bank statements instead of a balance sheet and profit loss statement.
- A copy of your proposed fees to be charged for cashing payment instruments. If these fees vary by location on this application, provide the information specific to each location.
- Complete the attached form, Criminal Background and Credit Check Authorization, for each of the following: President, Vice-President, Secretary, Treasurer, and Directors of a corporation, partners, member or persons with equivalent titles or duties. Also include any person who has the direct or indirect ownership or right to control 25 percent or more of the voting shares of the corporation, or the ability to change the principles, policies or practices of the organization. See page 5.
- Provide a work history resume of the last five years of work experience for each owner, partner, director, and principal.

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://dfr.oregon.gov



CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Check Cashier license application requirements - The following must be completed by the President, Vice-President, Secretary, Treasurer, and Directors of a corporation, partners, member or persons with equivalent titles or duties as well as any person who has the direct or indirect ownership or right to control 25 percent or more of the voting shares of the corporation, or the ability to change the principles, policies or practices of the organization:

First name:			Middle name:			Last name:			
Name of company:				Position or title:					
Social Security number: - -				Driver license number and state:					
Date of birth (mm/dd/yy): / /				Percentage of ownership: %					
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:	
Home or cell phone number:				Office phone number:					
Email:									
ATTACH A RESUME OF THE LAST FIVE YEARS OF WORK EXPERIENCE									
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 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



Maximum Fees
See ORS 697.520

Type of payment instrument	With valid and current government issued photo identification	Without valid and current government issued photo identification
<ul style="list-style-type: none"> • Issued by the federal government or one of its agencies • Issued by the State of Oregon or one of its agencies • Issued by the municipality in which the person is cashing the payment instrument 	<p>2 percent of the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>	<p>2.5 percent of the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>
<ul style="list-style-type: none"> • Issued by any other state or political subdivision • Payroll Check 	<p>3 percent of the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>	<p>3.5 percent of the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>
<ul style="list-style-type: none"> • Personal Checks • Money Orders • Any other type of payment instrument 	<p>10 percent or the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>	<p>10 percent or the face value of the payment instrument or \$5, whichever is more.</p> <p>Maximum charge: \$100</p>