



CHECK CASHING BUSINESS LICENSE AMENDMENT APPLICATION

A licensed check cashing business may use this form to make changes to the information on file with the division. A licensee may not use this form to change the name of the sole proprietorship, partnership, corporation, or LLC that holds the license. A change of ownership requires a new application.

Please complete all steps before submitting your application.

Questions? Call 503-378-4140

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

STEP 1: APPLICANT INFORMATION		
Licensee name:	License number:	
STEP 2: CORRECTIONS TO PRIMARY PLACE OF BUSINESS AND CONTACT INFORMATION		
<input type="checkbox"/> Add <input type="checkbox"/> Remove assumed business name:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove website address:		
Physical address:		
City:	State:	ZIP:
Name of contact person for company:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email:
STEP 3: CORRECTIONS TO ADDITIONAL LICENSED LOCATIONS		
Physical address for location to be changed:		
City:	State:	ZIP:
New physical address:		
City:	State:	ZIP:
New mailing address:		
City:	State:	ZIP:
<input type="checkbox"/> Add <input type="checkbox"/> Remove assumed business names:		
Phone: - -	Fax: - -	Email:
Branch manager's name:		

Attach a separate sheet of paper, if needed, to provide this information for additional locations.

Form continued on next page

STEP 4: CORRECTIONS TO OREGON AGENT FOR SERVICE OF PROCESS

Name:		
Title:		
Mailing address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email:

STEP 5: CORRECTIONS TO CORPORATE OWNER

Complete this section to Add or Remove another company that owns the licensee in whole or part

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

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

STEP 6: REMOVAL OF OWNER, DIRECTORS, PARTNERS, OR MANAGEMENT

Person's name:	Title:
Ownership percentage (if any):	What happened to ownership:

Attach a separate sheet of paper, if needed, to provide this information for additional individuals.

STEP 7: CORRECTIONS TO PREVIOUSLY PROVIDED DOCUMENTS

Attach and submit the following if changed

- A business plan for your current business that describes the type of products and services you will be offering. Common examples: money wiring, groceries, prepaid phones, clothing, and deli food.
- 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 **any new individuals**: 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 4.
- Provide a work history resume of the past five years of work experience for **each new** owner, partner, director, and principal.



CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Check casher 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

