Oregon Department of Consumer and Business Services Division of Financial Regulation 350 Winter St. NE, Room 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-947-7300 • Fax: 503-947-7862 dfr.ndp.licensing@dcbs.oregon.gov dfr.oregon.gov



Check-cashing Business – Additional Location Application

This application is to add a new location to an existing check-cashing license. Do not use this application unless you already have a check-cashing license in Oregon. The Division of Financial Regulation charges a \$150 licensing fee per location and a reduced investigation fee of \$75 per application. Please use additional forms if adding more than one location and respond to all questions. Answer N/A if the answer is "none" or "not applicable." If you are adding new business names for the location, please be aware that 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.

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) Questions? Call 503-378-4140.

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

Licensee name:		License No.:			
New location physical addre	ess:				
City:		State:	ZIP:		
New location mailing address, if different:					
City:		State:	ZIP:		
Assumed business names for	r this location:				
Phone:	Fax:	Email address:			
Branch manager's name:					

Check this box if the fees for cashing payment instruments are different at this location. Please provide the proposed fee information for that location, along with this completed application, the \$150 license fee per location and \$75 investigation fee. (Only one investigation fee is required per application, regardless of how many locations are being added.)

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

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

🗌 Visa	☐ MasterCard	Discover	Phone:
	Cardholder signat	ıre	Expiration date
			(1001) License fee(s): \$
Name of cardholder as shown on credit card		(1004) Investigation fee:\$ 75	
			Total amount:\$
	Credit card numb	er	

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

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

Fiscal use only: 12104/0600 93090/1001 93090/1004

Type of Payment Instrument	With Valid and Current Government Issued Photo Identification	Without Valid and Current Government Issued Photo Identification
 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 	2% of the face value of the payment instrument or \$5, whichever is more. Maximum charge: \$100	2.5% of the face value of the payment instrument or \$5, whichever is more.Maximum charge: \$100
 Issued by any other state or political subdivision Payroll check 	3% of the face value of the payment instrument or \$5, whichever is more. Maximum charge: \$100	3.5% of the face value of the payment instrument or \$5, whichever is more.Maximum charge: \$100
 Personal checks Money orders Any other type of payment instrument 	10% or the face value of the payment instrument or \$5, whichever is more. Maximum charge: \$100	10% or the face value of the payment instrument or \$5, whichever is more. Maximum charge: \$100

