



**State of Indiana**  
 DEPARTMENT OF FINANCIAL INSTITUTIONS  
 30 South Meridian Street, Suite 300  
 Indianapolis, Indiana 46204  
 State Form 50289(R1/8-07) Approved State Board of Accounts 2001

<b>DFI Office Use Only</b>	
DATE RECEIVED _____	DFI Use Only _____
LIC # _____	DFI ID # _____ \$ _____

# CASHER OF CHECKS APPLICATION FOR LICENSE

## TO BE COMPLETED BY ALL APPLICANTS

Name of Check Cashing Business		
Address ( Number and Street)		
City, State, Zip Code	Telephone Number	Fax Number
Address of Where License is to be Sent		Contact Person
		E-Mail Address
City, State, Zip Code	Telephone Number	Fax Number

## INDIVIDUALS (To be completed by those operating as sole proprietorships)

Name	
Address ( Number and Street)	
City, State, Zip Code	Telephone Number

## PARTNERSHIPS (To be completed by those operating as Partnerships)

NAME AND RESIDENCE ADDRESS OF EACH PARTNER:	
Name	
Address ( Number and Street)	
City, State, Zip Code	Telephone Number
Name	
Address ( Number and Street)	
City, State, Zip Code	Telephone Number

ATTACH AN ADDITIONAL SHEET IF NECESSARY

## ASSUMED NAME

If applicant operates under an assumed name, a certificate from the appropriate official showing compliance with the provisions of the laws of the State of Indiana pertaining to conducting business under an assumed name is to be included with the application.

**CORPORATIONS / LIMITED LIABILITY COMPANIES** (To be completed by those operating as a Corporation / LLC)

Name of Corporation / LLC	
Address ( Number and Street)	
City, State, Zip Code	Telephone Number
Corporation / Company Organized Under the Laws of What State?	Date of Incorporation / Organization

**LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION OR LLC MEMBERS AND DIRECTORS WITH TITLE AND RESIDENCE ADDRESS:**

Name of Officer/Director/Member		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number
Name of Officer / Director / Member		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number
Name of Officer / Director / Member		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number
Name of Officer / Director / Member		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number

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**IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THE COMPANY. FOR ENTITIES MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.**

Name		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number
Name		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number
Name		Title
Address ( Number and Street)		
City, State, Zip Code		Telephone Number

**ATTACH AN ADDITIONAL SHEET IF NECESSARY**

## REFERENCES

Give three (3) names and addresses of references as to your "financial responsibility, character, and fitness." One shall be a representative of a financial institution. Reference letters on business stationery should be submitted with your license application.

Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone

## INDIANA BRANCH INFORMATION

ADDRESS OF EACH INDIANA BRANCH LOCATION	Number of Branches _____
Address ( Number and Street)	
City, State, Zip Code	Telephone
Address ( Number and Street)	
City State, Zip Code	Telephone
Address ( Number and Street)	
City, State, Zip Code	Telephone
Address ( Number and Street)	
City, State, Zip Code	Telephone
Address ( Number and Street)	
City, State, Zip Code	Telephone
Address ( Number and Street)	
City, State, Zip Code	Telephone
Address ( Number and Street)	
City, State, Zip Code	Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

## GENERAL INFORMATION

1. **If a Corporation or LLC**, attach a copy of your certificate of authority from the Indiana Secretary of State.
2. Attach a description of your business history, business plan, and any other transactions that will be conducted at your check cashing location/s. Include a description of any money order sales that you plan to make, if applicable.
3. Give the amount of fee or schedule of fees you propose to impose for your check cashing services:
4. List other states where the applicant or any affiliated company operates as, or did operate as, or is licensed or regulated as, or was licensed or registered as, a lender, loan broker, or other financial services provider under state or federal regulatory authority. Provide the same information for owners and officers of the applicant. Provide the names of all state and federal regulatory agencies, contact person, contact information, and the date licensed.
5. Has the applicant, any affiliated company, or any company associated with the owners or officers of the applicant had a license or registration cancelled, suspended, or revoked in any state or been subject to a state or federal enforcement or administrative order, including but not limited to informal resolutions, memorandums of understanding, cease and desist orders? Yes  No  If Yes, give full details. \_\_\_\_\_
6. Have you read the attached copy of the Check Cashing Act in its entirety? Yes  No
7. In particular, have you reviewed Sections 16, 17, and 18 of the Act? Yes  No
8. Do you agree to keep ample and adequate records to disclose the true status of your business under the Check Cashing Act, and will such records be made available for examination. Yes  No   
Give details on the software used for record keeping \_\_\_\_\_
9. Give history and full details of any material litigation and/or criminal convictions for five years preceding date of application for any owner, partner, corporate officer, limited liability member, or branch manager.
10. Give the name of the person who will be managing the check cashing business:  
Applicant must show minimum two (2) years finance related experience for anyone who will be managing an Indiana location.

### ATTACH A BUSINESS RESUME FOR THE MANAGER AND ALL OFFICERS

**ATTACH CPA prepared reviewed or audited Financial Statements or most recent 10K filing with the Securities and Exchange Commission (SEC) indicating a minimum net worth of at least \$100,000.00 available for operating the business with liquid assets of at least \$50,000.**

## ACKNOWLEDGMENT

The applicant executed this application on \_\_\_\_\_ and acknowledges that all statements made herein and supporting schedules, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with the law.

**IF A CORPORATION / LLC, PRESIDENT AND ONE OFFICER MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.**

By:	Title
By:	Title
By:	Title



30 South Meridian Street, Suite 300  
Indianapolis, Indiana 46204-2759  
Telephone: (317) 232-3955  
FAX: (317) 232-7655  
WEBSITE <http://www.in.gov/dfi>

## TO APPLICANTS FOR A LICENSE TO BE A CHECK CASHER:

Enclosed is an application for a license under the Indiana Check Cashing Act (IC 28-8-5). The application is to be submitted to the Department of Financial Institutions. There is an initial application fee of \$600 to be included with the application. The check or money order is to be made payable to the Department of Financial Institutions. A license renewal fee of \$500 plus \$250 per additional Indiana location up to a maximum fee of \$2,000 is due by August 1 of each succeeding year.

Section 1 of the Indiana Check Cashing Act outlines exemptions to the Act. You will generally be exempt if the cashing of checks is performed by someone whose business is the retail sale of goods or services and consideration does not exceed \$5.00.

**EXPERIENCE:** Applicant must show minimum two years finance related experience for anyone who will be managing an Indiana location.

**FINANCIAL REQUIREMENTS:** CPA prepared reviewed or audited Financial Statements or most recent 10K filing with the Securities and Exchange Commission (SEC) indicating a minimum net worth of at least \$100,000.00 available for operating the business and liquid assets of at least \$50,000 must accompany the application. Liquid assets include cash or its equivalent (any assets that are readily convertible to cash without significant loss such as treasury bills, short term marketable securities, demand deposits, and time deposits nearing maturity. Other assets that are to be considered liquid must be identified by a footnote in the CPA report as to how the liquidity was determined). If the named applicant for the license is a limited liability company or subchapter S corporation, then in addition to a CPA review or audit level financial statement on the corporate entity, any individuals who are members of the LLC or owners of the subchapter S corporation and own 10% or more of the LLC or subchapter S Corporation should submit a personal financial statement. These personal financial statements do not have to be prepared by a CPA, but must meet acceptable minimum accounting standards for personal financial information.

**CREDIT REPORT:** A credit report of the business and/or principals is to be attached to the application.

**CRIMINAL BACKGROUND CHECK:** A nationwide criminal background check based on fingerprints will be completed for each owner (sole proprietorship), partner (partnership), or officer (corporation) as well as the manager for an Indiana location. The State of Indiana now uses L-1 Identity Solutions to take and/or process fingerprint cards for the State and FBI background checks required for all license applications for the Indiana Department of Financial Institutions (DFI). The procedures will differ depending on whether you are located in Indiana or in other parts of the country. Detailed instructions for the fingerprinting process are on-line at: [http://www.in.gov/dfi/DFI\\_Fingerprint\\_Instruct.pdf](http://www.in.gov/dfi/DFI_Fingerprint_Instruct.pdf) Please read through this information and if you have any questions, please contact DFI at 800-382-4880 or 317-232-3955. DO NOT send fingerprint cards to the DFI as this will only delay the processing of your license application. Each applicant should include with their jurisdiction specific documents a list of all personnel to be fingerprinted for background checks.

**REFERENCES:** Give three names and addresses of references willing to acknowledge your financial responsibility, character, and fitness. One reference shall be a representative of a financial institution. Reference letters on business stationary should be submitted with your license application.

**FinCEN INFORMATION:** If you are an existing check casher in other states and are already filed with the Treasury Department /FinCEN, please send us a copy of your registration.

If you are a new check casher, information regarding the BSA and FinCen is on the Internet. US Treasury registration forms and information are available at: [http://www.fincen.gov/reg\\_bsaforms.html](http://www.fincen.gov/reg_bsaforms.html); statutes are at: <http://www.fdic.gov/regulations/laws/rules/8000-1400.html>. Information about FinCEN is at: <http://www.fincen.gov/>. You need to include a copy of your registration and confirmation with your application. Any change in control of the licensee must receive prior approval by the Department under **IC 28-8-5-13.1**

**PLEASE NOTE:**

If you plan to regularly engage in advancing funds for checks cashed at a later date, you will need a loan license from this department. If you make more than 25 of this type of transaction in a year, you are considered regularly engaged. (Refer to IC 28-8-5-2.5 and IC 28-8-5-18.5)

If you desire further information concerning specific licensing questions, please contact this office.

CONSUMER CREDIT DIVISION

[mtarpey@dfi.in.gov](mailto:mtarpey@dfi.in.gov)

## CHECK CASHER LICENSE APPLICATION CHECKLIST ATTACH TO APPLICATION

CHECK HERE	THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION
	Application fee of \$600 made payable to the Department of Financial Institutions
	CPA prepared Reviewed or Audited Financial Statement including a Balance Sheet and Income Statement or most recent 10K filing with the Securities and Exchange Commission (SEC) showing at least \$100,000 net worth and at least \$50,000 in liquid assets
	Criminal background check, based on fingerprints, from FBI or State Police from state of residence for each principal. (officer/ member/ partners/ owner/ Indiana manager). Detailed instructions for the fingerprinting process are on-line at: <a href="http://www.in.gov/dfi/DFI_Fingerprint_Instruct.pdf">http://www.in.gov/dfi/DFI_Fingerprint_Instruct.pdf</a>
	Credit Report for business and/or principal
	Three reference letters, one must be a financial institution
	If a corporation / LLC, a copy of Certificate of Authority to do business in Indiana from the Secretary of State
	If D/B/A, copy of assumed name certificate from the Indiana County recorder for each Indiana location if a sole proprietorship or Partnership; or Indiana Secretary of State for a Corporation or LLC.
	Copy of Indiana business plan
	List of other states where operating as a check casher
	Business resume for the manager, owner, partners, and all officers, as applicable
	Copy of Treasury / FinCEN registration and confirmation
	A copy of your Anti-Money Laundering program that complies with the USA Patriot Act.

**Check each item required to accompany the application to make sure your application is complete and send this checklist with the application.**



## Department of Financial Institutions

### Applicant Fingerprinting Instructions

#### PLEASE READ ALL 4 PAGES OF INSTUCTIONS

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to [www.identogo.com](http://www.identogo.com) and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish)
4. Enter your first and last name and click "go"
5. Choose your Agency Name/Applicant Type as provided by your employing or licensing agency, or by the Indiana State Police. If you do not find your Agency/Applicant Type on the list, choose "All Others" and click "go".
6. You may be prompted to select an Applicant Category. If you are prompted for this value, choose your Applicant Category as provided by your employing or licensing agency, or by the Indiana State Police, and click "go".
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go"
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click "Send Information"
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
11. Complete your payment process, if prompted, and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** the following with you to your fingerprinting appointment: Valid Driver License, Valid State Issued Identification Card, Valid Passport, Student ID with Picture and DOB, Work ID with Picture and DOB, Valid Alien ID card with Picture and DOB. If you do not have the above identification, you will need **both** a valid Birth Certificate and a Social Security Card.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check you ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the authorized agency or individual. MorphoTrust is never in possession of criminal record data results.

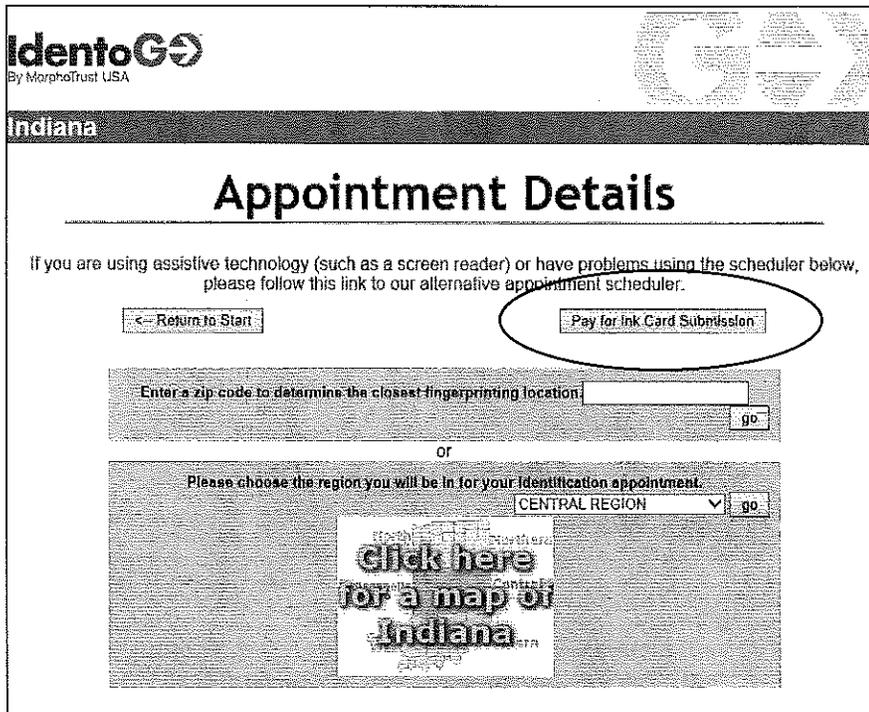


## Indiana Card Scan Processing Procedures

Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

### Indiana Licensing and Certification

- Applicants must go online to the MorphoTrust IdentoGO® website ([www.identogo.com](http://www.identogo.com)) or call the toll free registration center at 1-877-472-6917 and complete the registration process. During the registration process, applicants should select "Pay for Ink Card Submission" on the Appointment Details page. This will identify to MorphoTrust that a hard card will be mailed in for conversion to an electronic fingerprint record which will then be submitted to the Indiana State Police.



- Applicants should complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number should be retained by the applicant for tracking purposes. The confirmation number must be included in with your fingerprint card when it is submitted to MorphoTrust for proper processing.



- Fingerprints must be submitted on standard FBI applicant cards (FD-258); use of other types of fingerprint cards may delay your processing. [REDACTED]. *Due to agency specific information, MorphoTrust does not provide fingerprint cards to applicants.*
- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Applicants need to make sure the following information is completed on the fingerprint card. **Required information includes: Full name, Date of Birth, and Address. Please include the payment confirmation number provided at the end of making your payment with your card (if you pre-paid).**
- Applicants for Department of Children's Services (DCS) must have approval from DCS COBCU to submit a hard card for processing via this method. Applicants must include a copy of their email from COBCU authorizing the submission of a hard card. Failure to include a copy of the email from COBCU will result in the card being returned to the applicant and will delay the process.
- If paying by Business Check or Money Order, include the full name of the applicant on each check or money order. If one Business Check or Money Order is being used as payment for more than one applicant, please include a list of all applicant names covered by the check. Personal checks are not accepted.
- The fingerprint card along with the appropriate fee, if required and not paid by Escrow Account or Credit Card at the end of registration, should then be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized):

*MorphoTrust USA  
Indiana Processing  
3051 Hollis Drive, Suite 310  
Springfield, IL 62704*

- Please include at least two (2) means of contact for each applicant for which a fingerprint card is submitted to allow MorphoTrust to ask any questions related to the processing of the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc).
- Applicants wishing to verify that a fingerprint card has been processed may call 877-472-6917 and speak with a customer service representative. Please allow 3 days from date of receipt before contacting MorphoTrust regarding processing status.

**Failure to complete the process as stated on these instructions will result in the card being returned to the applicant, which will delay the process.**