



STATE OF WYOMING

DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

DIVISION OF BANKING

(307) 777-7797 Fax (307) 777-3555 Email: marlene.aitchison@wyo.gov

APPLICATION FOR LICENSE UNDER WYOMING MONEY TRANSMITTERS ACT, W.S. 40-22-101 through W.S. 40-22-129

(Application Fee \$1500.00)

Business Name and Trade Name (if applicable) _____

State of Incorporation _____ Date of Incorporation _____

Business Address _____

City, State, Zip Code _____

Manager or Officer in charge of Wyoming activities _____

Phone Number _____ Fax Number _____

E-mail Address _____ Federal EIN _____

Web Site: _____

Name of Applicant (if applicable) _____

Birth Date _____ Social Security Number _____

Residence Address _____

City, State, Zip Code _____ Phone Number _____

E-mail Address _____

Location of Business Records _____

City, State, Zip Code _____ Phone Number _____

The commissioner is authorized for good cause shown, to waive any requirements of W.S. 40-22-108 with respect to any license application or to permit a license applicant to submit substituted information in its license application in lieu of the information required by W.S. 40-22-108.

All information or reports obtained by the commissioner from an applicant, licensee or authorized delegate are confidential, pursuant to W.S. 40-22-117.

THE FOLLOWING INFORMATION MUST BE REFERENCED AND ATTACHED TO ALL APPLICATIONS

Please initial checklist where appropriate.

For all appendices initialed as "Not Applicable," please provide a written explanation of why they are not applicable.

1. History of any criminal convictions and material litigation for the 5 years prior to the date of application.
Attached as (Appendix A)_____ Not Applicable_____

2. Description of: Attached as (Appendix B)_____
Activities conducted by applicant,
History of operations, and
Business activities in which the applicant seeks to be engaged in Wyoming

3. A list of proposed authorized delegates in Wyoming.
Attached as (Appendix C)_____ Not Applicable_____

4. A sample authorized delegate contract, if applicable.
Attached as (Appendix D)_____ Not Applicable_____

5. A sample form of payment instrument, if applicable.
Attached as (Appendix E)_____ Not Applicable_____

6. Location(s) where applicant and authorized delegates propose to conduct activities in Wyoming.
Attached as (Appendix F)_____ Not Applicable_____

7. Names and addresses of clearing banks on which payment instruments will be drawn or through which the payment instruments will be payable.
Attached as (Appendix G)_____ Not Applicable_____

8. Documents establishing a minimum net worth of \$25,000 pursuant to W.S. 40-22-105.
Attached as (Appendix H)_____

9. A security device, not to exceed \$500,000, as provided for in W.S. 40-22-106(a), or a listing of other investments to be placed on deposit in accordance with W.S. 40-22-106(b).
Attached as (Appendix I)_____

10. A list of states where currently, or previously, licensed as a money transmitter. Also, if you have had a money transmitter license denied, revoked, or suspended by any state, please list details.
Attached as (Appendix J)_____ Not Applicable_____

11. The dollar amount and number of payment instruments outstanding as of June 30, (previous year) in the United States and the State of Wyoming.
(United States) Number _____ Amount \$ _____

(Wyoming) Number _____ Amount \$ _____

12. A list of the type and amount of the permissible investments of not less than the aggregate face amount of all outstanding payment instruments and stored value issued or sold by the licensee in the United States required by W.S. 40-22-107. Attached as (Appendix K) _____

13. The non-refundable application fee of \$1500.00.

14. **If the applicant is a corporation or other corporate structure the applicant must provide the following information. If not, then skip to question 15.**

A. Relating to the applicant's corporate structure:

Attached as (Appendix L) _____

State of incorporation,
Date of incorporation,
Certificate of good standing from state of incorporation, and
Description of corporate structure:

Type of corporate structure (i.e. Incorporated, LLC, etc.) _____
Identity of the parent of the applicant,
Identity of each subsidiary of applicant, and
Stock exchanges where applicant, parent, and subsidiaries are publicly traded.

B. For each executive officer, key shareholder, and officer or manager in charge of licensed activities:

Attached as (Appendix M) _____

Name,
Business address,
Residence address, and
Employment history for the 5 years prior to the date of application.

C. For each executive officer, and key shareholder:

Attached as (Appendix N) _____ Not Applicable _____

History of material litigation for 5 years prior to date of application and
History of any criminal convictions for 5 years prior to the date of application

D. Financial Data: Complete the applicable (i, ii, or iii): Attached as (Appendix O) _____

i. Copies of audited financial statements for the current year and the preceding 2 years, including a:

Balance sheet,
Statement of income or loss,
Statement of changes in shareholder equity, and
Statement of changes in financial position

ii. If applicant is a wholly owned subsidiary of a corporation publicly traded in the United States:

Consolidated audited financial statements for the current year and the immediately preceding 2 year period, or the parent corporation's Form 10K reports filed with the United States Securities and Exchange Commission for the preceding 3 years may be submitted with the applicant's unaudited financial statements.

iii. If applicant is a corporation publicly traded outside the United States:

Similar documentation filed with the parent corporation's non-United States regulator may be submitted with applicant's unaudited financial statements.

E. Copies of filings, if any, made with the United States Securities and Exchange Commission, or with a similar regulator outside the United States, not more than 1 year prior to the date of filing of the application. Attached as (Appendix P) _____ Not Applicable _____



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BOND # _____

SURETY BOND FOR MONEY TRANSMITTERS

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal and _____, a corporation duly incorporated under the laws of the State of _____, and authorized to do business in the State of Wyoming, as Surety, are held and firmly bound unto the State of Wyoming in the principal amount of \$_____ for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully perform its obligations with respect to the receipt, handling, transmission, and payment of money in connection with either the sale and issuance of payment instruments or the transmission of money pursuant to W.S. 40-22-101 through 40-22-129, and any rules promulgated pursuant thereto, then the surety shall indemnify and pay to the State of Wyoming or a claimant or authorized representative of a claimant all costs and damages by reason of principals failure to so perform. This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made there under, either individually, or in the aggregate, shall in no event exceed the principal amount of the bond.

PROVIDED, FURTHER, that the Surety may cancel this bond by giving thirty (30) days prior written notice to the Commissioner of Banking, for the State of Wyoming. In case of cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and Surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of such cancellation. The bond shall remain in place for a period of no longer than five (5) years from the date the Principal ceases money transmission operations in this state.

Executed by **Principal** on this ____ day of _____, 20__.

Name of Entity (leave blank if individual)

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and Title, if applicable) of Signatory

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

**Acknowledgements on reverse side
must also be completed**

Executed by **Surety** on this ____ day of _____, 20__.

Name of Entity (leave blank if individual)

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and Title, if applicable) of Signatory

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

Place Surety Seal Here

