



**DEPARTMENT OF AUDIT
DIVISION OF BANKING
Uniform Consumer Credit Code**
Herschler Building, 3rd Floor East
Cheyenne, WY 82002
(307) 777-7797
(307) 777-3555 FAX

APPLICATION FOR POST-DATED CHECK CASHER LICENSE

Pursuant to the Rules and Regulations of the Administrator

Application is hereby made for authority to transact business as a Post-Dated Check Casher, licensed pursuant to the provisions of W.S. 40-14-363(a) and 40-14-634. State statutes pertaining to the Wyoming Uniform Consumer Credit Code can be found under W.S. 40-14-101 to 40-14-702.

1. A completed Application for Post-Dated Check Casher License shall be accompanied by a processing fee of \$150.00 (check made payable to the Department of Audit), for each license applied for. **Although only one completed application is necessary**, each business or branch office location that will be subject to the Wyoming Uniform Consumer Credit Code is required to be licensed separately. (Please refer to Question #3 of the application.)
2. ADDENDA or EXHIBITS are acceptable provided each contain the required information and are well-numbered.
3. The completed application shall be LEGIBLE and filled out COMPLETELY. If a question is not applicable, please so advise in writing. Please answer all questions, leaving no part of the application blank.
4. Pursuant to W.S. 17-16-1503 of the Wyoming Business Corporation Act, authority to transact business in the state of Wyoming may need to be conveyed by the office of the Secretary of State. Forms for applying for the certificate of authority can be obtained by calling Jeanne Sawyer at (307) 777-5334 or email: jsawye@misc.state.wy.us (or write to):

Secretary of State, Corporation Division
The Capitol Building
200 West 24th Street
Cheyenne, WY 82002-0020

5. **REFERENCE FORMS** shall be completed and mailed by the applicant as follows:
 - One (1) Bank Reference Form to your financial institution, **AND**:
 - Two (2) State Regulator Reference Forms to states where the applicant is currently licensed with respect to conducting similar business; **OR**:
 - Two (2) Professional Reference Forms, to be used only in the event the applicant is currently not regulated or licensed in other states in which similar business is being conducted.

A copy of each of the completed forms shall be submitted with the application.

6. When summaries and descriptions of resolutions of complaints are requested, please provide as much information with as clear a description of the nature of complaints in other states as possible. Also provide information as to the action taken either by the applicant or the licensing State to satisfy the complaint.
7. Please provide to our office a true and correct statement of financial condition of the applicant. Balance sheet figures given shall be current within thirty (30) days of this application.
8. The completed application is required to be NOTARIZED where indicated.
9. Also, please note, the applicant shall pay an initial license fee of \$25.00 for each office or branch to be licensed within twenty (20) days after being notified the application has been approved.
10. Additionally, each license issued shall expire on July 1 of each year; each license shall be renewed annually not less than thirty (30) days before the above expiration date. The annual renewal fee is currently \$25.00 for each license.
11. The Wyoming Uniform Consumer Credit Code and the Rules and Regulations of the Administrator are available for purchase with a written request and a check for \$25.00 made payable to the Department of Audit.
12. For other information regarding licensing in the State please contact Joe Mulberry, UCCC Supervisor at (307) 777-7797.



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Instructions: For the application to be processed, **the completed form must be accompanied by an processing fee of \$150.00 for each license applied for.** Make check payable to the **Department of Audit**. Mail the completed application form and appropriate fee to the above address. No refund will be provided if an application is withdrawn by the applicant at any time prior to completion of processing of the application. For accurate processing, please type the following answers (as applicable) to the questions contained in this application. *If additional space is required to answer any question, please provide the necessary information on a separate sheet(s) and attach to the application.*

Please Note: W.S. 40-14-634(e) requires each office or place of business to be licensed separately. The applicant shall be notified in writing when the application is approved. Within twenty (20) days after notification, the applicant shall pay an initial **license fee of \$25.00 for each office or place of business to be licensed.** Failure to pay the required license fee(s) within the stipulated time frame will result in denial for issuance of the license(s) to conduct business under the act.

Date: _____

1. The applicant is a: Sole Proprietorship; Corporation; Association;
 Partnership (*If applicant is a partnership, all partners must complete this form.*); or
 Limited Liability Company (*Please furnish a copy of the Articles of Certificate of Organization showing the date of filing with the Secretary of State and any amendments thereto.*)

Please provide written documentation if a foreign corporation determines they do not need to qualify with the Secretary of State to transact business in the State of Wyoming.

2. Name of parent company:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

Federal Tax Identification Number: _____

Name, title, business address & telephone number of senior officer or responsible party who will be accountable for all regulatory correspondence. This party will act as the primary contact between the applicant and the Uniform Consumer Credit Code and will be responsible for receiving and directing all regulatory correspondence to the appropriate personnel.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

E-Mail Address: _____

3. **Business Name and location in which business is to be conducted and license issued:**
(If more than one location is to be licensed, please furnish the required information on a separate sheet.)

Please note: \$150.00 processing fee is required for each license location listed under Question # 3.

Name (as it is to appear on license) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

Branch manager's name: _____

Federal Tax Identification Number (if different from parent company): _____

4. Description of the types of consumer credit activity to be conducted:

5. If a **sole proprietorship** please provide the following information relative to owner:

Name: _____

Social Security Number: _____

Mailing address: _____

Residential address: _____

(If different from mailing address)

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

6. If a **corporation, association, partnership or limited liability company**, please provide the following information on all owners, partners, investors, or officers and directors:
(Please attach separate sheets as necessary.)

Individual name: _____

Title: _____ Social Security Number: _____

Business address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Residential address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Individual name: _____

Title: _____ Social Security Number: _____

Business address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Residential address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

7. If a domestic (Wyoming) corporation, give date of incorporation: _____

Pursuant to W.S. 17-16-1503 of the Wyoming Business Corporation Act, authority to transact business in the state of Wyoming may need to be conveyed by the office of the Secretary of State. Please refer to the Instruction Sheet for further details.

8. As a foreign corporation, has the applicant qualified to transact business in the State of Wyoming? () Yes
() No **If the answer is "yes," then provide:**

- a. Date of incorporation _____
- b. Place of incorporation _____
- c. Date qualified in Wyoming _____

d. If a qualified foreign corporation, who is your designated agent for service of process?

Name of agent: _____

Street address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax number: _____

If the above question is marked "no" then provide:

Written documentation why and how "as a foreign corporation" you determined you do not need to qualify with the Secretary of State to transact business in the State of Wyoming.

9. List all other states in which similar business is conducted or controlled by you. Include type of license and registration or permit number. *(Please attach separate sheets if necessary.)*

10. Summary and description of resolution(s) regarding any written complaint(s) filed against applicant in the past five (5) years from other states in which the applicant conducts similar business: _____

11. Summary of any formal sanctions imposed against the applicant(s), partner(s), officer(s), director(s), or any investor(s) in this business as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, or restriction. ***A copy of any disciplinary action shall be attached:*** _____

The following is a true and correct statement of the financial condition of the applicant
(Please Note: Figures given must be current within thirty (30) days of this application):

Date of Statement _____

ASSETS

Cash on Hand and Due From Banks _____
 Investment Securities _____
 Accounts Receivable _____
 Contracts & Notes Receivable:
 Consumer Credit Sales _____
 Consumer Loans _____
 Real Estate (less depreciation) _____
 Other Assets -- please itemize _____

TOTAL ASSETS \$ _____

LIABILITIES

Accounts and Notes Payable:
 Banks _____
 Due Parent Company or Affiliate _____
 Bonds & Long Term Accounts & Notes _____
 Other Liabilities:
 Accrued Expense _____
 Dealers' Reserve _____
 Other --please itemize _____

TOTAL LIABILITIES \$ _____

CAPITAL

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**INDIVIDUAL OWNERS AND PARTNERSHIPS ONLY**

Net Worth \_\_\_\_\_  
 Other -- please itemize \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Net Worth** \$ \_\_\_\_\_

**TOTAL LIABILITIES AND NET WORTH** \$ \_\_\_\_\_

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CORPORATIONS ONLY

Capital Stock _____
 Surplus _____
 Undivided Profits _____
 Reserve for Contingencies _____

Total Capital \$ _____

TOTAL LIABILITIES AND CAPITAL \$ _____

Signature of Applicant(s)



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PROFESSIONAL REFERENCE FORM

I. APPLICANT SECTION

Copy this form as needed. Complete sections I and II of the form, then forward this form to a minimum of 2 professional references or personal references of your choice. **Please provide a copy of this form with each application for each office or branch to be licensed.**

A. Company Name (as it is to appear on Wyoming License)	B. Company Address (as it is to appear on Wyoming License)
C. Name of Parent Company	D. Parent Company Address (include street, city, state, zip)
E. Name of CEO or Owner	F. Federal Tax ID/Social Security Number

II. INFORMATION SPECIFIC TO PROFESSIONAL REFERENCES

A. Name of Professional Reference:	B. Contact Person and Title:
C. Address of Professional Reference:	D. Telephone/Fax Number
E. Type of business relationship:	

I hereby authorize _____ to furnish the State of Wyoming, Division of Banking, Uniform Consumer Credit Code the information requested below.
(Professional Reference)
Date _____ Signature _____

III. REFERENCES: PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING

Record N/A in areas not applicable. The State of Wyoming, Division of Banking, Uniform Consumer Credit Code will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. A reply for such information at your earliest convenience would be greatly appreciated.

A. Is the information in section II accurate? NO ___ YES ___ If no, please provide accurate information:	B. (If applicable) Have you found the above applicant to be financially responsible? NO ___ YES ___ If no, please provide an explanation:
C. Have you found the above applicant to be of good character? NO ___ YES ___ If no, please provide an explanation:	D. Have you found the above applicant to be capable of conducting their business honestly and fairly? NO ___ YES ___ If no, please provide an explanation:
E. If professional, our business experience with the above applicant has extended over a period of ____ years.	
F. If personal, I have known the (management), (members), (officers and directors) of the above applicant for ____ years.	

I certify that the information contained herein or attached is true and correct to the best of our knowledge.

Dated this _____ day of _____ 20____

Name (please print) _____

Signature _____



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BANK REFERENCE FORM

I. APPLICANT SECTION

Copy this form as needed. Complete sections I and II of the form, then forward this form to the financial institution where you currently hold accounts. **Please provide a copy of this form with each application for each office or branch to be licensed.**

A. Company Name (as it is to appear on Wyoming License)	B. Company Address (as it is to appear on Wyoming License)
C. Name of Parent Company	D. Parent Company Address (include street, city, state, zip)
E. Name of CEO or Owner	F. Federal Tax ID/Social Security Number

II. INFORMATION SPECIFIC TO BANK WHERE ACCOUNTS ARE HELD

A. Name of Financial Institution	B. Individual to Contact and Title
C. Address of Financial Institution	D. Telephone/Fax Number

E. Type of accounts and account numbers:

I hereby authorize _____ to furnish the State of Wyoming, Division of Banking,
(Financial Institution)
Uniform Consumer Credit Code the information requested below.
Date _____ Signature _____

III. FINANCIAL INSTITUTION: PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING

Record N/A in areas not applicable. The State of Wyoming, Division of Banking, Uniform Consumer Credit Code will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. A reply for such information at your earliest convenience would be greatly appreciated.

A. Is the information in section II accurate? NO ___ YES ___ If no, please provide accurate information:	B. Has account been maintained in a satisfactory manner? NO ___ YES ___ If no, please provide an explanation:
C. Date Account Opened: 1. Average Balance: Low ___ Medium ___ High ___ 2. Have there been any NSF activity within the past 6 months? NO ___ YES ___ If yes, how many? _____ 3. Credit Experience Borrower ___ Non-Borrower ___ If Borrower, have accounts been maintained as agreed? No ___ Yes ___ 4. Comments: _____ _____	

I certify that the information contained herein or attached is true and correct to the best of our knowledge.

Dated this _____ day of _____ 20____

Name (please print) _____

Signature _____

