



**CHECKLIST FOR CHECK CASHING LICENSE - BRANCH OFFICE**

**General Instructions**

1. There must be a separate application and license fee for each place of business required to be licensed pursuant to Chapter 668, Part IV of the Connecticut General Statutes.
2. In the event space provided for answers is inadequate, additional sheets should be attached and should identify the applicant and the specific item on the application to which the answer relates.
3. Any change to information submitted in or with the application must be reported in writing immediately. Reporting should not be delayed until the time a license is renewed.
4. License fee for Branch Office:
  - \$2,200** Application filed between 10/1/2013 and 9/30/2014
  - \$1,100** Application filed between 10/1/2014 and 9/30/2015

The check must be made payable to "Treasurer, State of Connecticut." All fees are NOT REFUNDABLE.

5. Licenses expire at the close of business on September 30th of each odd year, unless renewed.
6. The application and related material must be mailed to:

Connecticut Department of Banking  
 Consumer Credit Division  
 260 Constitution Plaza  
 Hartford, CT 06103-1800

**Application Instructions**

1. **LICENSE TYPE.** Please check the appropriate box. Please refer to definitions of the **General Facility** and **Limited Facility** posted on our website under **"Who needs a license?"**
2. **IDENTIFYING INFORMATION.** **Applicant Name** should be the full legal name as organized in the Applicant's domestic state and found in incorporating documents. Applicant is the entity applying for a license. The only instance in which the Applicant is an individual is in the case of a sole proprietorship. If the Applicant is a sole proprietor, use the Applicant's Last, First and Middle names and suffix ("Jr", "III", etc.) if any. **Branch Office Address** should be the physical address location, not a post office box or other mailing address. Be sure to provide proposed days and hours of operation
3. **OTHER BUSINESS NAMES.** List any other name(s) by which the Applicant conducts or will conduct business in Connecticut (i.e., trade name, fictitious name, or "doing business as" name). The name(s) should be listed exactly as used in advertising, documents, etc.
4. **BOOKS AND RECORDS INFORMATION.** List the physical address where books and records are stored. Provide the name and title of the individual at such location that should be contacted with inquiries about or to gain access to the storage location.

*continued on the next page*

## Branch Office Attachments

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<b>FEE.</b> Required fee as described in General Instructions. The check must be made payable to "Treasurer, State of Connecticut."
<input type="checkbox"/>	<input type="checkbox"/>	<b>PROPOSED FACILITY.</b> Copy of the lease allowing a check cashing facility to operate at the location. If the applicant owns the building, proof that zoning in the area allows a business to operate at the proposed address. Include description of the proposed facility; provide the square footage, layout, and the facility's security features.
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BUSINESS PLAN.</b> Business Plan must include the description of:</p> <p><b>Financial Projections</b> - revenue, expenses and net income for first few years.</p> <p><b>Competition</b> - all financial institutions in the area including banks, credit unions and check cashing facilities.</p> <p><b>Internal Controls</b> for cash to assure compliance with the law and with the check casher's policies and procedures. The accounting and controls for the check cashing operation should be separate from any other operations at the site. For example, there should be a separate bank account and separate bookkeeping for check cashing operations and for other operations, such as pawn shop operations, etc.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<b>SCHEDULE OF FEES.</b> Submit a schedule of all fees charged for each individual service offered, including fees for dishonored or returned items, or for membership or identification cards.
<input type="checkbox"/>	<input type="checkbox"/>	<b>LIQUID ASSETS.</b> Proof of availability and continual maintenance of liquid assets of at least \$10,000 for each proposed General Facility location and/or of at least \$2,500 for each Limited Facility location (in the form of a bank statement).
<input type="checkbox"/>	<input type="checkbox"/>	<b>CONTRACT.</b> Copy of all executed contract evidencing the proposed arrangement between the applicant and employer (For Limited Facility only).
<input type="checkbox"/>	<input type="checkbox"/>	<b>ACKNOWLEDGMENT.</b> A statement that the applicant has read, understands, and will comply with all state and federal check cashing and anti-money laundering laws. If the applicant employs others to work at the proposed facilities, then the applicant should describe the training of employees to comply with these laws. Enclose copies of training documents.

**WHO TO CONTACT** - Questions concerning this application may be directed to Maria Burgos at 860-240-8211 or via e-mail at [maria.burgos@ct.gov](mailto:maria.burgos@ct.gov)

YOU ARE NOT AUTHORIZED TO ENGAGE IN CHECK CASHING ACTIVITIES IN THE STATE OF CONNECTICUT UNTIL YOU HAVE OBTAINED LICENSURE IN CONNECTICUT