STATE OF CONNECTICUT

DEPARTMENT OF BANKING

CONSUMER CREDIT DIVISION

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800

APPLICATION FOR MONEY TRANSMISSION LICENSE

Application is hereby made for a license under Chapter 668, Part V of the Connecticut General Statutes

Activities Type

Activity/Activities

Please check the appropriate box or boxes:

- ☐ Money Transmission
- ☐ Issuer / seller of stored value
- ☐ Issuer / seller of money order
- ☐ Issuer / seller of travelers check
- ☐ Issuer / seller of electronic payment instrument
- ☐ Other _____

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

Business Phone, Fax and Email:

Business Phone:

Fax Line:

Email Address:

Other Business Names

Web Addresses

Contact Employee Information / Mailing Address

First & Last Name:

Company:

Mailing Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Consumer Complaint Employee Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Comments:

Books and Records Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Other Activities

Will the Applicant engage in any activities not related to money transmission? Yes ☐ No ☐

Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity? Yes ☐ No ☐

NOTE: If "Yes" briefly describe.

Legal Status

Form of Organization:

State:

Date of formation (MM/DD/YYYY):

If publicly traded, stock symbol:

Employer Identification Number:

Social Security Number:
(if a Sole Proprietorship)

Disclosure Questions

Has the applicant, or any partner (if the applicant is a partnership), any member(if the applicant is a limited liability company or association), or any officer, director, trustee, principal employee, or shareholder owning ten percent or more of outstanding stock of the applicant (if the applicant is a corporation), or any authorized delegate:

CRIMINAL DISCLOSURE

(a) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? Yes ☐ No ☐

(b) have pending charges for any felony? Yes ☐ No ☐

(c) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (1) any aspect of the money transmission business, (2) any fraud, (3) false statements or omissions, (4) theft or wrongful taking of property, (5) bribery, (6) perjury, (7) forgery, (8) counterfeiting, or (9) extortion? Yes ☐ No ☐

(d) have pending charges for any misdemeanor specified in (c)? Yes ☐ No ☐

Has the applicant, or any partner (if the applicant is a partnership), any member (if the applicant is a limited liability company or association), or any officer, director, trustee, principal employee, or shareholder owning ten percent or more of outstanding stock of the applicant (if the applicant is a corporation):

REGULATORY DISCLOSURE

(e) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any state or federal regulatory agency? Yes ☐ No ☐

(f) ever been refused any license by a governmental banking agency or authority or been refused any license (except motor vehicle operator) by any other governmental agency or authority? Yes ☐ No ☐

CIVIL DISCLOSURE

(g) ever been the subject of proceedings in: bankruptcy, receivership, assignment for the benefit of creditors; consumer-initiated litigation (including material) or arbitration filed in connection with a financial services-related business; or any litigation that, according to generally accepted accounting principles, is deemed significant to financial health and would be required to be referenced in an annual audited financial statement, report to shareholders, or similar documents? Yes ☐ No ☐

NOTE: If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.

Affiliates/Subsidiaries

Is the Applicant controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company?

Yes ☐ No ☐

NOTE: If "Yes" provide the name and address of the entity and describe the type of relationship.

Control Persons

FULL NAME TITLE	RESIDENTIAL ADDRESS	DATE OF BIRTH	OTHER OCCUPATION

Direct Owners

FULL NAME TITLE	RESIDENTIAL ADDRESS	PERCENT OF OWNERSHIP

Indirect Owners

FULL NAME	TYPE OF RELATIONSHIP	PERCENT OF OWNERSHIP

Jurisdiction Participation

States in which Applicant operates:

Permissible Investments

	Date of	Total USA
Audited F/S		
Interim F/S		

Outstanding Transmissions

	Date of	State of Connecticut	Total USA
Audited F/S			
Interim F/S			

Signature of Applicant

_____ _____

(Signature) *(Name and Title - Print)*

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20 ____ , personally appeared

_____

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

_____ _____

(Notary Public)
(Commissioner of the Superior Court)

(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Application.