NOTICE

This **LICENSE RENEWAL Application** and all related forms are conveniently provided to you in a user-friendly **Interactive Format**. The application **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **must** print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

REMINDER: Applicants should read the **instructions** in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by email, or by contacting the number listed on the application.

Scroll down to begin

DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
Banking Bureau
PO Box 96378
Washington, D.C. 20090-6378
Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

OFFICIAL USE ONLY

NON-DEPOSITORY – LICENSE RENEWAL APPLICATION

IMPORTANT: This application is available on our website at www.disb.dc.gov in an interactive format. The form **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **MUST** print out the completed form and follow the instructions explicitly in the preparation and filing of this application. **The instructions document is an integral part of the license renewal application.** With the exception of signatures, all responses **must** be **typed** or **printed** legibly in dark ink**.** Enter "N/A", where applicable. The "License Renewal Application – Checklist" **must** be included with the package as a cover sheet.

Note: Failure to submit a complete license renewal application and all applicable supporting materials prior to the renewal deadline may result in the imposition of the applicable **$300 late fee.**

INCOMPLETE, ILLEGIBLE, WHITED OUT OR **FAXED** APPLICATIONS WILL **NOT** BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.

SECTION 1 – LICENSE NUMBER, TYPE AND RENEWAL FEES: – Select One (1) ONLY and make check payable to the DC Treasurer

APPLICANT'S LICENSE NUMBER: _____

MORTGAGE	☐ **MONEY TRANSMITTER**	**CHECK CASHER**	☐	☐
☐ Broker License **$900** – Each ☐ Lender License **$1,000** – Each ☐ Dual Authority license (Broker and Lender) - **$1,200** **Number of Additional Office licenses submitted for renewal with this application:** ____ Attach a complete list of office names and license numbers. (See instructions) **Amount Submitted $**	**$500** – Main office License **Plus** **Number of additional locations through which money transmission will be conducted** ____ **X $25 per location.** Maximum fees **not to exceed $2,500** **Amount Submitted $**	☐ Standard License - **$200** ☐ Mobile Unit License **$200** Each ☐ Limited Station License **$150** Each	**CONSUMER MONEY LENDER** **$800**	**CONSUMER SALES FINANCE** **$316**

SECTION 2 – ALL APPLICANTS PROVIDE THE INFORMATION REQUESTED IN THIS SECTION.

1. Full **Legal Name** of APPLICANT:

Trade name, D/B/A, or Assumed name of applicant, if any:*(Attach a copy of registration documentation or certificate as proof of assumed name)*

2.

Principal office Location:			**Contact person regarding this application:** *(The Re-issued license WILL be mailed to this location unless otherwise specified).*	
Name & Title:			Name & Title:	
Street Address:			Street Address	
City:	State:	Zip Code:	City:	State: Zip:
Phone #: ( ) -	Fax #:( ) -		Phone #: ( )	Fax #: ( ) -
Email Address:			Email Address:	

3. **Entity Structure**:

☐ Corporation ☐ Limited Liability Company (LLC) ☐ General Partnership ☐ Limited Liability Partnership (LLP) ☐ Trust

☐ Sole Proprietorship or Individual ☐ Other _____ [List here and explain on a separate sheet of paper]

Have there been any material changes to the Applicant's ownership structure since the last application or renewal? ☐ Yes ☐ No
If "Yes" the applicant **must** submit a certified copy of the amended organizational documents.

Applicant's Federal Tax ID Number (FEIN) or Social Security Number (SSN): FEIN# ____-_____ SSN# ___-___-____

4.

Certified Registered Agent: **Important:** A Certified Resident Agent is **required** for any Applicant who is a **non-resident** of the District of Columbia. (Refer to the Certified Registered Agent Requirement item on page 2 of the instructions)			**Official Books and Records** will be kept at the following address: Is this a Company or Affiliate location? ☐ Yes ☐ No		
Name & Title:			Name & Title:		
Street Address:			Street Address:		
City: **WASHINGTON**	State: **DC**	Zip Code:	City:	State:	Zip Code:
Phone: ( ) -	Fax: ( ) -		Phone: ( ) -	Fax: ( ) -	
Email Address:			Email Address:		
Person authorized to respond to **Regulatory and Compliance** issues:			Person authorized to respond to **Consumer Complaints:**		
Name and Title:			Name and Title:		
Street Address:			Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone: ( ) -	Fax: ( ) -		Phone: ( ) -	Fax: ( ) -	
Email Address:			Email Address:		

5. **Other Licenses:** List any licenses **SIMILAR** to those listed on this application the applicant maintains in other jurisdiction(s):

State	Type of License	License Number	Issue Date	Expiration Date	Business address
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

6. **Does the Applicant have a parent company or corporate owner?** ☐ Yes ☐ No
If "yes", provide name and address of **parent company** (below).

Is the Applicant's parent company Publicly Traded? ☐ Yes ☐ No

Name:

Street Address:

City: State: Zip Code:

7. Did the applicant change principal officers, directors, partners, or individuals with a 25% or more ownership interest in the licensee since the last application or renewal? ☐ Yes ☐ No
If "Yes", submit an explanation of changes on a separate sheet and include name, title, business address, and percentage ownership of each person who has acquired an ownership interest or become and officer or director of the licensee.

8. Is the applicant or any of its affiliates conducting Check Cashing, Money Lending, Money Transmission, Mortgage Broker Lending, or Consumer Sales Financing business in any state that does not require a license or permit**?** ☐ Yes ☐ No If "yes", provide a list of the state(s), type of activities, and business addresses on a separate sheet of paper.

SECTION 3 - MORTGAGE LENDER/BROKER APPLICANTS PROVIDE THE INFORMATION REQUESTED IN THIS SECTION

1. **Indicate the type of mortgage activity conducted by the applicant:** (Check all that apply) ☐ Lending ☐ Brokering ☐ Servicing
ACTIVITY REPORT: Mortgage Lender/Broker applicants **MUST** complete this report.

	Current Year: 200__ _____ 200__ to _____ 200__ Month Month (If applicable)	**Prior Year: 200___** (If applicable)	**Two Years Previous: 200___** (If applicable)
Aggregate total of District of Columbia **loans made**: Dollar Amount:	**$**	**$**	**$**
NUMBER	#		
Aggregate total of District of Columbia **mortgage loans brokered**: Dollar Amount:	**$**	**$**	**$**
NUMBER	#		
Aggregate total of District of Columbia **mortgage loans serviced, not made**: Dollar Amount:	**$**	**$**	**$**
NUMBER	#		
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SECTION 4 - CHECK CASHER APPLICANTS PROVIDE THE INFORMATION REQUESTED IN THIS SECTION

1. If the business is conducted through a **Limited Station**, what group of employees will be served and at which location**?** Section 5 (3) (B)(9) of the Check Cashers Act.
Group: _____ **Location**: _____

2. If the business is conducted through the use of a **Mobile Unit**: *Section 5 (3) (B)(8) of the Check Cashers Act*.
A. In which area will it operate**?** _____ _____
(Ward) (Name of area)
B. Provide the **License, Registration,** or any **other assigned number** for the unit:
☐ **License Number**: _____ ☐ **Registration Number**: _____ ☐ **Other**#: _____

	SECTION 5- MONEY TRANSMITTER APPLICANTS PROVIDE THE INFORMATION IN THIS SECTION		
1.	**Indicate the type of Money Transmission** activity conducted (check ALL that apply). If you check "OTHER" explain on a separate sheet of paper. ☐ **TRAVELERS CHECKS** ☐ **CHECKS** ☐ **WIRE TRANSFERS** ☐ **DRAFTS** ☐ **MONEY ORDERS** ☐ **STORED VALUE DEVICES** ☐ **MONEY TRANSMISSION** ☐ **OTHER** _____ (Example: Bill Payment Services)		
2.	**Indicate type of Money Transmission activity** conducted (check ALL that apply). If you check "OTHER" explain on a separate sheet of paper. ☐ **INDEPENDENT AUTHORIZED DELEGATES** ☐ **SUBSIDIARIES OR AFFILIATES** ☐ **COMPANY OWNED OUTLETS** ☐ **OTHER** (explain)		
3.	**Have there been any material litigations or criminal convictions in which the applicant, any executive officer, or key shareholder has been involved since your last application or license renewal?** *(Material litigation means litigation that, according to generally accepted accounting principles, is deemed significant to any licensee's financial health and would be required to be referenced in its annual audited financial statements, reports to shareholders or similar documents).* ☐ Yes ☐ No If "Yes" provide complete details on a separate sheet of paper.		
4.	State the total number of **Money Transmission locations in the District of Columbia**:		
5.	Please Provide your FinCEN Registration Number:		
6.	Have there been any material changes to the licensee's Authorized Delegate Contract since the last application or renewal? ☐ Yes ☐ No If "Yes", a sample **must** be submitted with this license renewal application, if not previously submitted.		
7.	Have there been substantial changes to the form of instruments issued by the licensee since the last application or renewal? ☐ Yes ☐ No If "Yes", a sample **must** be submitted with this license renewal application, if not previously submitted.		
8.	Have there been any changes to the licensee's principal clearing bank or banks, clearing bank address, or account number since the last application or renewal? ☐ Yes ☐ No If "Yes" the applicant **must** provide the name and address of the clearing bank or banks on which the Applicant's payment instruments will be drawn or through which such payment instruments will be payable. Include the name and telephone number of the bank contact in charge of your clearing/paying account.		
9.	Has there been a change of Internal/Independent Auditors since the last application or renewal? ☐ Yes ☐ No If "Yes", the applicant must provide the new contact name and phone number on a separate sheet of paper.		
10.	Provide the total dollar amount of the licensee's outstanding instruments and transmissions **in the District of Columbia**:		
	As of the date on the most recent **Audited Financial Statement.**	Date: / /	**$**
	As of the date on the **Interim Financial Statement.**	Date: / /	**$**
11.	Provide the total dollar amount of the licensee's outstanding instruments and transmissions **in the United States:**		
	As of the date on the most recent **Audited Financial Statement.**	Date: / /	**$**
	As of the date on the **Interim Financial Statement.**	Date: / /	**$**
12.	Provide the number and dollar amount of payment instruments sold or issued and money transmission conducted by the licensee in the 12-month period beginning (date) _____/_____/_____, and ending at close of business (date) ____/_____/_____.		
	TOTAL WITHIN THE **DISTRICT OF COLUMBIA**	TOTAL WITHIN THE **UNITED STATES**	
	Number:	Number:	
	Amount: **$**	Amount: **$**	

DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
BANKING BUREAU

LICENSE RENEWAL APPLICATION – GENERAL INFORMATION FORM

GENERAL INFORMATION - Applicants MUST answer ALL of the following questions.

Instructions: The Applicant must respond to all of the following questions by placing an "**X**" in the appropriate boxes. If you answer "**Yes**" to any of the questions listed below you must provide complete details on a separate sheet of paper including copies of all relevant court documents. Documents should indicate the date, location, and disposition of the offense or infraction.

		DISB USE ONLY
A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Insurance, Securities and Banking proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). **ENTER APPLICANT'S FEIN# or SSN# HERE:** _____ **As of this date, DO YOU OWE more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following:** 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority Services Fee; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? **Note:** If you answered "**Yes**" to this question, please submit proof of the arrangements you have made to pay the outstanding debt. If you do not have a payment schedule to pay the amount owed, or if no appeal is pending, your application may be denied.	YES ☐ NO ☐	☐
B. Since your last application or renewal, have you been convicted of a crime involving moral turpitude, fraud, misrepresentation, deceit, or the misuse of funds?	YES ☐ NO ☐	☐
C. Since your last application or renewal, has an order, injunction or judgment, whether or not final, been entered against you in a civil action involving moral turpitude, fraud, misrepresentation, deceit, or the misuse of funds?	YES ☐ NO ☐	☐
D. Since your last application or renewal, have you been sued in a civil action, other than a proceeding in family court?	YES ☐ NO ☐	☐
E. Since your last application or renewal, have you been refused coverage under a fidelity or surety bond, or has any surety company paid out any funds on your coverage, or canceled such coverage?	YES ☐ NO ☐	☐
F. Since your last application or renewal, have you filed bankruptcy or served as principal or officer in any firm, corporation, partnership, association, or other business, which has failed in business, made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt?	YES ☐ NO ☐	☐
G Are you currently the subject of an administrative action or order issued by an administrative agency of the District, the federal government, or any other state or territory of the United States, or the government of any other country?	YES ☐ NO ☐	☐

REMINDER: An affirmative answer to any of the above questions **must** be explained in detail on a separate 8.5" x 11" sheet of paper.

NOTE: If a corporation/LLC, president and one officer must sign; if a partnership, at least two partners must sign; if sole proprietorship, owner must sign.

THE APPLICANT RESPONDED TO THE ABOVE GENERAL INFORMATION QUESTIONS ON ____/_____/_____, AND ACKNOWLEDGES UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE, INFORMATION, AND BELIEF." I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS APPLICATION, INCLUDING ALL WRITINGS AND EXHIBITS HERETO, IS PUNISHABLE BY CRIMINAL PENALTIES.

			DISB USE ONLY
1. _____	_____	____/____/_____	
2. _____	_____	____/____/_____	☐
APPLICANT'S NAME (Please Print)	APPLICANT'S SIGNATURE	DATE	☐

DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
BANKING BUREAU

LICENSE RENEWAL APPLICATION

APPLICATION AFFIDAVIT, ACKNOWLEDGEMENT, AND SIGNATURE OF APPLICANT.

NOTE: If a corporation/LLC, President and one officer must sign; if a partnership, at least two partners must sign; if sole proprietorship, owner must sign.

THE UNDERSIGNED HEREBY CERTIFIES, UNDERSTANDS, OR AGREES TO THE FOLLOWING:

1. To the correctness, completeness, and accuracy of the information as submitted in the application and supplements thereto.
2. To comply with all the rules and regulations lawfully issued and promulgated by the Commissioner of the District of Columbia Department of Insurance, Securities and Banking.
3. To authorize the Commissioner of the District of Columbia Department of Insurance, Securities and Banking to conduct any investigation into the background of the applicant for the purpose of re-issuing the subject license.
4. To promptly submit any further information which may be required for the consideration of this application.
5. To notify the Commissioner of the District of Columbia Department of Insurance, Securities and Banking of any changes in the information contained in this application, and further agrees to obtain written permission in advance for any change of address.
6. That the request for information is continuing in nature; therefore, the individual providing the answers must retain a copy of this completed form. Should, at any time, new or different information than that provided to the Commissioner come to the attention of the person executing the affidavit below, he or she is required to inform the Commissioner of that change in writing as soon as possible.
7. That the license renewal for which you are applying is subject to examination/investigation by the Department of Insurance, Securities and Banking at any time during regular business hours with or without prior notice, if the Department deems such an examination/investigation necessary or desirable.

"I/WE HEREBY SWEAR AND AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND ATTACHEMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. FURTHER, THE PROVISIONS OF THE DISTRICT OF COLUMBIA FOR WHICH THE APPLICANT IS APPLYING, HAVE BEEN REVIEWED BY THE PRINCIPALS OF THE APPLICANT AS LISTED HEREIN AND ALL EMPLOYEES OF THE APPLICANT WILL BE MADE AWARE OF SUCH LAWS AND REGULATIONS AND CHANGES ENACTED HEREAFTER. IT IS THE PURPOSE OF THIS APPLICATION TO PERMIT THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, ITS OFFICIALS, AND EXAMINERS TO GRANT A LICENSE TO CONTINUE ENGAGING IN THE BUSINESS INDICATED HEREIN AND ANY FALSE STATEMENT OR OMISSION OF MATERIAL INFORMATION IN CONNECTION WITH THIS APPLICATION SHALL BE PUNISHABLE AS PROVIDED BY LAW, AND MAY RESULT IN THE DENIAL OF A LICENSE RENEWAL APPLICATION OR POSSIBLE REVOCATION OF ANY LICENSE GRANTED BY THE DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, AND COULD RESULT IN LEGAL ACTION INITIATED AGAINST THE APPLICANT."

Personally appeared

1. _____ _____
(Print Name and Title) Signature

2. _____ _____
(Print Name and Title) Signature

and acknowledged this instrument in the STATE OF _____ }

COUNTY OF _____ Original Seal or Stamp Must be affixed (SEAL)

On this _____day of _____, 20 _____,

_____ _____
(Notary Public) or (Commissioner of Superior Court) (Commission Expiration Date)