



## **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**

OFFICIAL USE ONLY

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: [www.disb.dc.gov](http://www.disb.dc.gov)

**NON-DEPOSITORY – LICENSE RENEWAL APPLICATION**

**IMPORTANT:** This application is available on our website at [www.disb.dc.gov](http://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:** \_\_\_\_\_

<p><b>MORTGAGE</b></p> <input type="checkbox"/> Broker License \$900 – Each <input type="checkbox"/> Lender License \$1,000 – Each <input type="checkbox"/> Dual Authority license (Broker and Lender) - \$1,200 <b>Number of Additional Office licenses submitted for renewal with this application:</b> <input type="text"/>  Attach a complete list of office names and license numbers. (See instructions) <b>Amount Submitted \$</b> _____	<p><input type="checkbox"/> <b>MONEY TRANSMITTER</b>  <b>\$500</b> – Main office License  <b>Plus</b>  <b>Number of additional locations through which money transmission will be conducted</b> <input type="text"/> X \$25 per location.           Maximum fees <b>not to exceed \$2,500</b>   <b>Amount Submitted \$</b> _____</p>	<p><b>CHECK CASHER</b></p> <input type="checkbox"/> Standard License - \$200  <input type="checkbox"/> Mobile Unit License \$200 Each  <input type="checkbox"/> Limited Station License \$150 Each	<p><input type="checkbox"/> <b>CONSUMER MONEY LENDER</b>  <b>\$500</b></p>	<p><input type="checkbox"/> <b>CONSUMER SALES FINANCE</b>  <b>\$316</b></p>
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**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: <i>(Attach a copy of registration documentation or certificate as proof of assumed name)</i> _____				
2.	<b>Principal office Location:</b>			<b>Contact person regarding this application:</b> <i>(The Re-issued license WILL be mailed to this location unless otherwise specified).</i>	
	Name & Title: _____			Name & Title: _____	
	Street Address: _____			Street Address _____	
	City: _____	State: _____	Zip Code: _____	City: _____	State: _____ Zip: _____
	Phone #: ( ) - _____	Fax #: ( ) - _____		Phone #: ( ) - _____	Fax #: ( ) - _____
	Email Address: _____			Email Address: _____	
3.	<b>Entity Structure:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Trust  <input type="checkbox"/> Sole Proprietorship or Individual <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" the applicant <b>must</b> submit a certified copy of the amended organizational documents.				
	<b>Applicant's Federal Tax ID Number (FEIN) or Social Security Number (SSN):</b> FEIN# _____ - _____    SSN# _____ - _____				
4.	<b>Certified Registered Agent:</b> <b>Important:</b> A Certified Resident Agent is <b>required</b> for any Applicant who is a <b>non-resident</b> of the District of Columbia. (Refer to the Certified Registered Agent Requirement item on page 2 of the instructions)			<b>Official Books and Records</b> will be kept at the following address:  Is this a Company or Affiliate location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name & Title: _____			Name & Title: _____	
	Street Address: _____			Street Address: _____	
	City: <b>WASHINGTON</b>	State: <b>DC</b>	Zip Code: _____	City: _____	State: _____ Zip Code: _____
	Phone: ( ) - _____	Fax: ( ) - _____		Phone: ( ) - _____	Fax: ( ) - _____
	Email Address: _____			Email Address: _____	
	Person authorized to respond to <b>Regulatory and Compliance</b> issues:			Person authorized to respond to <b>Consumer Complaints</b> :	
	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).  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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 an 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: <u>200</u> _____ 200 to _____ 200 Month Month (If applicable)	Prior Year: <u>200</u> (If applicable)	Two Years Previous: <u>200</u> (If applicable)
Aggregate total of District of Columbia <b>loans made:</b> Dollar Amount:	\$	\$	\$
NUMBER	#		
Aggregate total of District of Columbia <b>mortgage loans brokered:</b> Dollar Amount:	\$	\$	\$
NUMBER	#		
Aggregate total of District of Columbia <b>mortgage loans serviced, not made:</b> Dollar Amount:	\$	\$	\$
NUMBER	#		
<b>OFFICIAL USE ONLY</b>			

**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.	<p><b>Indicate the type of Money Transmission activity</b> conducted (check <u>ALL</u> that apply). If you check "OTHER" explain on a separate sheet of paper.</p> <p><input type="checkbox"/> TRAVELERS CHECKS   <input type="checkbox"/> CHECKS   <input type="checkbox"/> WIRE TRANSFERS   <input type="checkbox"/> DRAFTS   <input type="checkbox"/> MONEY ORDERS   <input type="checkbox"/> STORED VALUE DEVICES</p> <p><input type="checkbox"/> MONEY TRANSMISSION   <input type="checkbox"/> OTHER _____ (Example: Bill Payment Services)</p>							
2.	<p><b>Indicate type of Money Transmission activity</b> conducted (check <u>ALL</u> that apply). If you check "OTHER" explain on a separate sheet of paper.</p> <p><input type="checkbox"/> INDEPENDENT AUTHORIZED DELEGATES   <input type="checkbox"/> SUBSIDIARIES OR AFFILIATES   <input type="checkbox"/> COMPANY OWNED OUTLETS   <input type="checkbox"/> OTHER (explain)</p>							
3.	<p><b>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?</b> (<i>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</i>). <input type="checkbox"/> Yes   <input type="checkbox"/> No   If "Yes" provide complete details on a separate sheet of paper.</p>							
4.	<p>State the total number of <b>Money Transmission locations in the District of Columbia:</b> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span></p>							
5.	<p>Please Provide your FinCEN Registration Number:</p>							
6.	<p>Have there been any material changes to the licensee's Authorized Delegate Contract since the last application or renewal? <input type="checkbox"/> Yes   <input type="checkbox"/> No If "Yes", a sample <b>must</b> be submitted with this license renewal application, if not previously submitted.</p>							
7.	<p>Have there been substantial changes to the form of instruments issued by the licensee since the last application or renewal? <input type="checkbox"/> Yes   <input type="checkbox"/> No If "Yes", a sample <b>must</b> be submitted with this license renewal application, if not previously submitted.</p>							
8.	<p>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? <input type="checkbox"/> Yes   <input type="checkbox"/> No If "Yes" the applicant <b>must</b> provide the <u>name and address of the clearing bank or banks</u> 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.</p>							
9.	<p>Has there been a change of Internal/Independent Auditors since the last application or renewal? <input type="checkbox"/> Yes   <input type="checkbox"/> No If "Yes", the applicant must provide the new contact name and phone number on a separate sheet of paper.</p>							
10.	<p>Provide the total dollar amount of the licensee's outstanding instruments and transmissions <b>in the District of Columbia:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">As of the date on the most recent <b><u>Audited Financial Statement.</u></b></td> <td style="width: 20%;">Date:   /   /</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>As of the date on the <b><u>Interim Financial Statement.</u></b></td> <td>Date:   /   /</td> <td>\$</td> </tr> </table>		As of the date on the most recent <b><u>Audited Financial Statement.</u></b>	Date:   /   /	\$	As of the date on the <b><u>Interim Financial Statement.</u></b>	Date:   /   /	\$
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11.	<p>Provide the total dollar amount of the licensee's outstanding instruments and transmissions <b>in the United States:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">As of the date on the most recent <b><u>Audited Financial Statement.</u></b></td> <td style="width: 20%;">Date:   /   /</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>As of the date on the <b><u>Interim Financial Statement.</u></b></td> <td>Date:   /   /</td> <td>\$</td> </tr> </table>		As of the date on the most recent <b><u>Audited Financial Statement.</u></b>	Date:   /   /	\$	As of the date on the <b><u>Interim Financial Statement.</u></b>	Date:   /   /	\$
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As of the date on the <b><u>Interim Financial Statement.</u></b>	Date:   /   /	\$						
12.	<p>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) ____/____/_____.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">TOTAL WITHIN THE <b><u>DISTRICT OF COLUMBIA</u></b></th> <th style="width: 50%; text-align: center;">TOTAL WITHIN THE <b><u>UNITED STATES</u></b></th> </tr> </thead> <tbody> <tr> <td>Number:</td> <td>Number:</td> </tr> <tr> <td>Amount: \$</td> <td>Amount: \$</td> </tr> </tbody> </table>		TOTAL WITHIN THE <b><u>DISTRICT OF COLUMBIA</u></b>	TOTAL WITHIN THE <b><u>UNITED STATES</u></b>	Number:	Number:	Amount: \$	Amount: \$
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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)?

YES NO

**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.

**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.*

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DISB  
USE  
ONLY**

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)