



NOTICE

This **INITIAL License 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

INITIAL NON-DEPOSITORY - LICENSE 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 initial license application. With the exception of signatures, all responses **must** be typed or printed legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number. The "Initial License Application – Checklist" **must** be included with the package as a cover sheet.

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 TYPE AND FEES: – Select One (1) ONLY and complete. Make check payable to the DC Treasurer.

<p>ALERT: NEW Mortgage Lender, Broker and Mortgage Loan Originator License applications MUST now be submitted online through the Nationwide Mortgage Licensing System (NMLS).</p> <p>Click HERE to access the NMLS or visit www.stateregulatoryregistry.org/NMLS.</p>	<p><input type="checkbox"/> MONEY TRANSMITTER \$500 – Initial License Plus Number of additional locations through which Money Transmission will be conducted <input style="width: 40px;" type="text"/> X \$25 per location. Maximum fees not to exceed \$2,500 Amount Submitted: \$</p>	<p><input type="checkbox"/> CHECK CASHER <input type="checkbox"/> Initial License - \$300 <input type="checkbox"/> Mobile Unit License \$300 Each <input type="checkbox"/> Limited Station License \$150 Each</p>	<p><input type="checkbox"/> CONSUMER MONEY LENDER \$500</p>	<p><input type="checkbox"/> CONSUMER SALES FINANCE \$316</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.	Principal Office Location:			Contact person regarding the application: <i>(The 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
	Business Phone #: () -	Business Fax #: () -		Business Phone #: () -	Business Fax #: () -
	Email Address:			Email Address:	
3.	Entity Structure: <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 _____ (Explain on a separate sheet of paper)				
	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 3 of the instructions)			Official Books and Records will be kept at the following address:	
	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**.
Is the Applicant's parent company Publicly Traded?
 Yes No

Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____

7. 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? Yes No. If "yes", provide a list of the state(s), types of activity, and business addresses on a separate sheet of paper.

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

1. **Type of mortgage activity to be 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> Month <u>200</u> to Month <u>200</u> (If applicable)	Prior Year: <u>200</u> (If applicable)	Two Years Previous: <u>200</u> (If applicable)
Aggregate total of District of Columbia loans made:	\$	\$	\$
NUMBER	#		
Aggregate total of District of Columbia mortgage loans brokered:	\$	\$	\$
NUMBER	#		
Aggregate total of District of Columbia mortgage loans serviced, not made:	\$	\$	\$
NUMBER	#		

SECTION 4 - CHECK CASHER APPLICANTS PROVIDE THE INFORMATION REQUESTED IN THIS SECTION

1. Does the applicant plan to offer **Deferred Deposit**? Yes No. If, "yes" details must be provided in the business plan. Applicants may **not** offer deferred deposit services before receiving approval from the Commissioner. (Refer to Section 20 of the Check Cashers Act).

2. 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:** _____

3. If the business is conducted through the use of a **Mobile Unit:** Sect 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#: _____

4. Please provide your FinCEN Registration Number: _____

SECTION 5 - MONEY TRANSMITTER APPLICANTS PROVIDE THE INFORMATION REQUESTED IN THIS SECTION

1. **Indicate the type of Money Transmission activity to be conducted and 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 how Money Transmission Sales will be conducted:** (Check ALL that apply)
 INDEPENDENT AUTHORIZED DELEGATES SUBSIDIARIES OR AFFILIATES COMPANY OWNED OUTLETS OTHER (explain)

3. Does the applicant plan to offer **Deferred Deposit**? Yes No. If, "yes" details must be provided in the business plan. Applicants may not offer deferred deposit services before receiving approval from the Commissioner.

4. Please provide your FinCEN Registration Number: _____



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

INITIAL NON-DEPOSITORY - LICENSE 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 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 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 ATTACHMENTS HERETO ARE TRUE CORRECT AND COMPLETE 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 ENGAGE 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 THE LICENSE 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)