



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: disb.dc.gov

INITIAL NON-DEPOSITORY - LICENSE APPLICATION

IMPORTANT: This application is available on our website at 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.

ALERT: NEW [Mortgage Lender, Broker and Mortgage Loan Originator License](#) applications **MUST** now be submitted online through the Nationwide Mortgage Licensing System (NMLS).

[Click HERE to access the NMLS](#) or visit www.stateregulatoryregistry.org/NMLS

MONEY TRANSMITTER
 \$500 – Initial 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: \$

CHECK CASHER
 Initial License - \$300
 Mobile Unit License \$300 Each
 Limited Station License \$150 Each

CONSUMER MONEY LENDER
 \$500

RETAIL SELLER & 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 the application: (The License <u>WILL</u> be mailed to this location unless otherwise specified)			
	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:					
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:		Official Books and Records will be kept at the following address:			
	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)		Is this a Company or Affiliate location? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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 LICENSE APPLICATION - GENERAL INFORMATION FORM

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

Instructions: 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 Have you ever been convicted of a crime involving moral turpitude, fraud, misrepresentation, deceit, or the misuse of funds?

YES NO

C 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 Have you been sued in a civil action within the last 10 years, other than a proceeding in family court?

YES NO

E Have you ever 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 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, CORRECT AND COMPLETED 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

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)