



APPLICATION FOR CHECK CASHER PERMIT

<p>California Department of Justice Bureau of Criminal Information and Analysis Check Casher Permit Program (CCPP) P.O. Box 903387 Sacramento, CA 94203-3870 (916) 227-3250</p>	<p style="text-align: center; margin: 0;">DOJ USE ONLY</p> <p>Received: _____</p> <p>Fee: _____</p> <p>OCA #: _____</p> <p>Completed: _____</p>
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Privacy Notice

The information on this form is requested by the State of California, Department of Justice (DOJ), California Justice Information Services (CJIS) Division, Applicant Information and Certification Branch, for the purpose of applying to operate a check casher business in the State of California. The maintenance of the information collected on this form is authorized by Civil Code section 1789.37 (a) and Check Cashier Regulations Title 11, Division 1, Chapter 13.5. All information requested on this form is mandatory. Failure to provide the requested information will result in a delay in processing and/or denial of the application. Information provided on this form may be disclosed to federal, state, city, and county government or law enforcement agencies.

Pursuant to Civil Code Section 1798.30 et seq., individuals have the right [with some exceptions] to access records containing the personal information about them that is maintained by the agency. The Check Casher Permit Program is the agency official responsible for the system of records that maintains the information provided on this form. For more information regarding the location of your records and the categories of any persons who use the information in those records, you may contact the Bureau of Criminal Information and Analysis, Check Casher Permit Program, Department of Justice, at P.O. Box 903387, Sacramento, CA 94203-3870, or via telephone at (916) 227-3250.

A. OWNERSHIP INFORMATION: List all partners or corporate officers and shareholders with 10% or more ownership as indicated on the Statement of Information filed with the Secretary of State.

Type of Ownership (Check one) Sole Proprietor Partnership Corporation

Name _____ Last _____ First _____ Middle _____ Title _____

Male

Female Date of Birth _____ Social Security Number _____ Driver License or CA ID _____ Home Telephone Number _____ E-mail Address _____

Address _____ City _____ State _____ Zip Code _____

PARTNERS/OFFICERS/SHAREHOLDERS

Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____
Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____
Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____

ATTACH ANOTHER SHEET FOR ADDITIONAL PARTNERS/OFFICERS/SHAREHOLDERS. CHECK BOX IF ANOTHER SHEET IS USED.

B. BUSINESS INFORMATION: All information requested in this section, including business bank information, must be provided.

Business Name (Doing Business As) _____ Main Type of Business _____ Date of Ownership _____ Month _____ Year _____

Address _____ City _____ State _____ Zip Code _____ County _____

Mailing Address (if different than above) _____ City _____ State _____ Zip Code _____ Business Phone Number _____

Name of Business Bank _____ Address of Business Bank _____

ATTACH ANOTHER SHEET FOR ADDITIONAL BUSINESS LOCATIONS. CHECK BOX IF ANOTHER SHEET IS USED.



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C. PARTNERSHIP/CORPORATE INFORMATION:

Is the partnership or corporate name different from the business name? Yes No

If "Yes", complete the following:

Partnership/Corporate Name	Phone Number
Partnership/Corporate Address	City
	State
	Zip Code

D. ADDITIONAL INFORMATION:

1. Have any parties to this application ever been convicted of a criminal felony or misdemeanor offense for any reason whatsoever (excluding MINOR traffic violations)?
 YES NO
2. Are any parties to this application NOT in compliance with a judgement or court order for family support?
 YES NO

If any of your answers to D-1 or D-2 was "YES", provide the following details where applicable. If two or more parties to this application answered "YES" to D-1 or D-2, each must complete a separate Section D.

Name of party: _____

Type and nature of violation(s): _____

City and state of violation(s): _____

Sentencing court: _____

Date of incarceration: _____

Dates of probation: _____

Conditions of probation: _____

Name, address, and phone number of probation officer: _____

E. CERTIFICATION:

I certify under penalty of perjury, pursuant to the laws of the State of California, to the truth and accuracy of all statements, answers, and representations made in the foregoing application, including all supplementary statements.

Signature of Owner/Partner/Corporate Officer	Title	Date
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MISREPRESENTATION OR FAILURE TO DISCLOSE REQUESTED INFORMATION ON THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION OF PERMIT.