

**CHECK CASHER  
REGISTRATION FORM**

**Bureau of Financial Institutions  
State Corporation Commission  
1300 East Main Street, Suite 800  
Post Office Box 640  
Richmond, Virginia 23218-0640  
Telephone (804) 371-9690  
scc.virginia.gov/pages/Bureau-of-Financial-Institution**

**INSTRUCTIONS**

Attach the following:

- (1) A check for \$200 (non-refundable) payable to the Treasurer of Virginia.
- (2) A copy of the trade name registration, if applicable. (Registrants intending to operate using a trade name must register the trade name with the circuit court(s) in the jurisdiction(s) where business will be conducted. Corporate, limited liability company, and limited partnership applicants must file a certified copy of the trade name registration with the Clerk of the State Corporation Commission.)

The undersigned hereby wishes to register with the State Corporation Commission as a Check Casher pursuant to Chapter 21 of Title 6.2 of the Code of Virginia.

1. Name of Registrant \_\_\_\_\_

2. Trade name [d/b/a], if any \_\_\_\_\_

3. Business will be conducted under **one** of the following types of organization (check one):

( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( ) Limited Liability Company

4. If the applicant is a corporation or limited liability company indicate state of incorporation or formation:

State: \_\_\_\_\_ Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Name and address of registered agent in Virginia \_\_\_\_\_

\_\_\_\_\_

5. If a partnership, indicate state and date where partnership formed \_\_\_\_\_

Type of Partnership (check one): General \_\_\_\_\_ Limited \_\_\_\_\_

6. If a sole proprietorship, list the name and residence address of the owner \_\_\_\_\_

\_\_\_\_\_

7. Name and address of parent company, if any \_\_\_\_\_

\_\_\_\_\_

8. Individual responsible for filing this form \_\_\_\_\_

(Name and Title)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Telephone Number/E-mail Address)

9. Is the registrant or any of its affiliates or subsidiaries conducting a check cashing business in states other than Virginia?  YES  NO If yes, provide the following information:

Name of State	Name Business Conducted Under	Date Registered or Licensed

(Attach additional sheets as necessary)

10. Is the applicant engaged in the business of making loans (other than payday loans made in accordance with Chapter 18 of Title 6.2 of the Code of Virginia)?  YES  NO

11. List each location where check cashing business will be conducted in Virginia (Include street address, city, zip code and telephone number for each location):

Street Address	Telephone Number

(Attach additional sheets as necessary)

12. **FEE SCHEDULE.** Detail the fees to be charged to cash each type of check, and specify if different fees will apply to different types of checks and/or dollar amounts of checks or at different locations of the registrant. Attach a separate fee schedule if you are unable to use the table below. Be sure to include the minimum fee to be charged in each instance. **If fees are not yet known, state so below and submit a fee schedule to the Bureau upon opening.**

Type of Check:	Fees to be charged:	Minimum (smallest) fee:
Payroll		
Government		
Personal		
Other:		

**NOTE:** The fee schedule, including the minimum fee, must be posted at each registered location.

13. List the name, residence, title, and ownership of **each director, member and partner**. Also list any person or entity owning directly or indirectly **10% or more** of the registrant.

Name	Address	Title in Organization	# of Shares Owned	% of Ownership

(Attach additional sheets as necessary)

**CERTIFICATION**

The undersigned certifies that he/she has been duly authorized to execute and file the foregoing registration form, and that to the best of his/her knowledge, information, and belief, the registration form and accompanying schedules and statements contain no misstatement of fact and do not omit a material fact called for.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Registration Number of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_