

### 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  
www.scc.virginia.gov/bfi**

#### 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: \_\_\_\_\_

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:

<b>Name of State</b>	<b>Name Business Conducted Under</b>	<b>Date Registered or Licensed</b>

(Attach additional sheets as necessary)

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

<b>Street Address</b>	<b>Telephone Number</b>

(Attach additional sheets as necessary)

11. **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.**

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

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

