

**STATE OF WISCONSIN**  
**Department of Financial Institutions**  
**Division of Banking**



**COMMUNITY CURRENCY EXCHANGE LICENSE**  
**APPLICATION INSTRUCTIONS**

**Purpose:** A completed Community Currency Exchange License Application should be submitted to the Department of Financial Institutions – Division of Banking (“division”) for consideration of licensure. Upon the filing of such application the division shall investigate the relevant facts, and if the division finds that the character, general fitness, and financial responsibility of the applicant, including key officers, members, partners, or owners, warrant the belief that the business will be operated in compliance with Section 218.05, Wis. Stats., the division shall issue a license.

**Notice:** This form is required under Section 218.05, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

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*Each section in the following application instructions identifies the corresponding application page number that it is referring to.*

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**APPLICANT INFORMATION** (Pages 1-11)

Print or type the information requested in the spaces provided on pages 1 through 11 of the Community Currency Exchange License Application.

**ATTACHMENTS** (Page 12)

The following items may need to be submitted with your completed Community Currency Exchange License Application. **Additional information regarding each item is included on pages 2, 3 and 4** of this instruction packet. Please read the instructions to determine which items you will be required to submit.

- A) Surety Bond
- B) Financial Statements
- C) Insurance Policy
- D) Fees
- E) Certificate of Good Standing
- F) Criminal History Report(s)
- G) Officer/Owner Resume(s)
- H) Business Plan
- I) Floor Plan Diagram

#### A) Surety Bond

The applicant must provide a surety bond in the amount of \$5,000 per proposed licensed location. The bond form is found on the Department of Financial Institutions' website, [dfi.wi.gov](http://dfi.wi.gov), by selecting Financial Services and then Licensed Financial Services Applications and Forms. The bond must:

- not reference a street address.
- identify the exact name of the applicant.
- identify all trade names or DBA (doing business as) names that the applicant uses. If using more than one DBA, please call our office for further instructions.
- identify only the fictitious name of the applicant if the Corporations Section of the Wisconsin Department of Financial Institutions required the applicant to obtain a fictitious name.
- be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- be signed by an officer/owner/member/partner whose signature is witnessed or sealed.

Should you choose not to use the available bond form, the submitted bond will be reviewed by legal staff to determine if it meets with the division's approval. The applicant shall be listed as the obligor, and the bond shall run to the state of Wisconsin and shall be for the benefit of any creditors of the community currency exchange for any liability incurred for any sum due to any payee of any check, draft or money order left with the community currency exchange for collection, and also for any penalties that may be imposed under Section 218.05, Wis. Stats. The provisions of an acceptable bond will:

- cover all locations licensed under Section 218.05, Wis. Stats.
- be in the required amount.
- not allow for a decrease in the bond amount without 30 days written notice via certified mail to the division.
- have acceptable issue and effective dates.
- be continuous until cancelled.
- list examination costs as a preferred claim.
- require that within 10 days of the receipt of any claim, the surety inform the division in writing of the receipt of the claim.
- require a minimum of 60 days written notice via certified mail of the cancellation of the bond.
- indicate that written notice of claims may be filed for a minimum of four years after date of cancellation.
- require that surety pays or denies claim within a maximum of six months after receipt of claim.
- require that the principal amount of the bond shall apply separately to each year in which the bond is in effect.
- identify the name and address of claims agent.

#### B) Financial Statements

An internally prepared balance sheet and income statement must be submitted for the applicant. Audited financial statements should also be submitted if the applicant is audited by a certified public accountant on an annual basis.

The financial statements that are submitted to the division must:

- be prepared according to Generally Accepted Accounting Principles using accrual basis accounting.
- be for the legal entity that is applying for the license (the parent's financial statements are not acceptable).
- be consolidated if the applicant has subsidiaries.
- show a minimum tangible net worth of \$5,000 and positive net working capital (current assets – current liabilities).
- be dated no more than 90 days prior to the date this application is received by the division.

The following information must be attached to the financial statements:

- an itemization of the "Other Assets" category (if the balance sheet includes an "Other Assets" category)
- documentation that verifies the cash balance listed on the balance sheet (this only needs to be submitted if cash accounts for more than 20% of the total assets)

- an explanation of how the applicant will maintain a tangible net worth of \$5,000 at all times (this only needs to be submitted if the applicant's equity is at or near the minimum amount required by the division)

When evaluating a financial statement, the division typically discounts intangible assets; receivables from officers, stockholders, and other related parties; employee advances; receivables over 90 days past due; and any other assets of questionable value.

If the applicant is a sole proprietorship, provide a personal financial statement dated no more than 90 days prior to the date this application is received by the division.

If the applicant is a partnership, each partner must submit a financial statement dated no more than 90 days prior to the date this application is received by the division.

#### C) Insurance Policy

The applicant must provide a complete copy of the insurance policy required by Section 218.05(6), Wis. Stats. The policy submitted to the division must:

- provide each community currency exchange location with coverage of at least \$10,000 for burglary, larceny, robbery, forgery, and embezzlement.
- have deductibles for burglary, larceny, robbery, forgery, and embezzlement that do not exceed 25% of the limit of insurance. For example, if the policy provides \$10,000 in coverage for burglary, the deductible for burglary cannot exceed \$2,500.
- be issued by an insurer authorized to do business in Wisconsin.
- identify the effective date and the expiration date of the policy.
- either identify the address of each location that the policy provides coverage to or must state that the policy provides coverage to all locations where the insured conducts business.
- identify the name of the applicant.

#### D) Fees

\$600 must be submitted for each location where community currency exchange business will be conducted. The \$600 fee consists of a \$300 license fee and a \$300 nonrefundable investigation fee.

Make checks payable to the Department of Financial Institutions.

Calculate the fee due as follows:	
a) # of locations to be licensed	# _____
b) Multiply by \$600	X \$600
c) Total Fee Due	\$ _____

#### E) Certificate of Good Standing (if applicable)

If the applicant is organized or incorporated in a state other than Wisconsin, provide the division with a certificate of status/certificate of good standing from the state where the applicant is organized or incorporated. The status/certificate should be dated within the previous 90 days and reflect the correct name and the date of organization or incorporation.

#### F) Criminal History Report

A criminal history report must be submitted for each individual who owns 10% or more of the applicant and for each key officer, key member, or partner of the applicant. Key officers include, but are not limited to, the chief executive officer, chief operating officer, chief financial officer, president, executive or senior vice president (or the highest-level vice president if there is no executive or senior vice president), secretary, and treasurer. The criminal history report must be dated within the previous 90 days and must be obtained from the state

police/Department of Justice located in the owner's/officer's/member's/partner's state of residence. Reports obtained from third-party background check providers will not be accepted.

#### G) Officer/Owner Resumes

Submit a resume for each individual who owns 10% or more of the applicant and for each key officer, key member, or partner of the applicant. The resume should include a summary of educational and employment experiences, the applicable dates of experience, positions held, name of company, and a description of duties.

#### H) Business Plan

Submit a business plan if the applicant is not yet in operation or a detailed description of the mode of operations if the applicant is currently operating. A business plan should include a description of the applicant's proposed products and services, its management team, and its records.

#### I) Floor Plan Diagram

If the applicant will be sharing space with other businesses, submit a floor plan diagram of that shared space. The floor plan diagram should show the rooms where the community currency exchange will be located, the rooms where other businesses are located, the outside entrances to the building, the doors (between rooms) that can be locked and those that cannot be locked, and where the records of the community currency exchange will be maintained.

### **CHECKLIST** (Pages 12 – 13)

The checklist sets forth common problems the division identifies on applications. Please answer each question on the checklist.

### **AFFIDAVIT** (Page 13)

A duly authorized representative for the applicant should complete and sign the affidavit. The representative's signature must be notarized.

### **RETURN APPLICATION MATERIALS TO:**

Department of Financial Institutions  
Division of Banking

*Mailing Address:*

PO Box 7876

Madison, Wisconsin 53707-7876

*Street Address:*

4822 Madison Yards Way

North Tower

Madison, Wisconsin 53705

### **HOW TO OBTAIN HELP AND ADDITIONAL FORMS**



#### **INTERNET**

Access the Department of Financial Institutions' website at **dfi.wi.gov** to:

- Download applications, instructions, and forms
- See answers to frequently asked questions
- See a list of community currency exchanges licensed under Section 218.05, Wisconsin Statutes



#### **TELEPHONE**

Licensed Financial Services Section  
Division of Banking

(608) 572-1321

(608) 261-7578



#### **FAX**

Division of Banking

(608) 267-6889

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:  
PO Box 7876  
Madison, WI  
53707-7876



Courier Address:  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

Telephone: (608) 261-7578  
Fax: (608) 267-6889

[dfi.wi.gov](http://dfi.wi.gov)

**Department of Financial Institutions**  
**COMMUNITY CURRENCY EXCHANGE**  
**LICENSE APPLICATION**

Print or type the information requested in the spaces provided.

**APPLICANT INFORMATION**

1. 

<b>Name of applicant:</b> The "applicant" is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is applying for the license. If the applicant uses a trade name or DBA (doing business as) name, include that as well.
2. 

<b>Address and phone number of applicant's headquarters office</b>			
Street:			Telephone Number:
City:	State:	Zip:	FAX Number:
3. 

<b>Mailing address of applicant's headquarters office (if different than above)</b>			
Street:			PO Box:
City:	State:	Zip:	

**COMMUNITY CURRENCY EXCHANGE OFFICE**

4. Provide the following information for the applicant's proposed community currency exchange office. If the applicant will have more than one office, the additional offices should be identified on page 2 of this application.

Street Address:		
City:	State:	Zip:
Telephone:	Fax:	

Street Address:		
City:	State:	Zip:
Telephone:	Fax:	

Street Address:		
City:	State:	Zip:
Telephone:	Fax:	

Street Address:		
City:	State:	Zip:
Telephone:	Fax:	

5. Identify other types of business proposed for the above noted locations and identify who will be conducting the business.

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### GENERAL INFORMATION

6. Name, title, address, telephone number, and e-mail address of person to whom questions regarding this application should be addressed:

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

7. Provide the applicant's website address, if any:

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8. Identify the location where records relating to the community currency exchange business will be maintained for examination purposes. Pursuant to s. 218.05(14)(b)2., Wis. Stats., records must be maintained in Wisconsin.

Street:		City:	
State: WI	Zip:	Telephone Number:	FAX Number:

9. List states in which the applicant, and/or entities related to the applicant, currently hold a license to conduct business as a community currency exchange. If no licenses are held in other states, complete this area to disclose "None." Attach additional pages as necessary.

State:	License Number:	Name of State Agency:
Entity name used to conduct business in the noted state:		

State:	License Number:	Name of State Agency:
Entity name used to conduct business in the noted state:		

10. List state(s), other than Wisconsin, in which the applicant, and/or entities related to the applicant, currently have a pending community currency exchange license application. If there are no pending applications, complete this area to disclose "None." Attach additional pages as necessary.

State:	Name of State Agency:
Name that will be used by currency exchange to conduct business in the noted state:	

11. Indicate the type of organization with an "X."

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship    |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Other (Please Specify) |

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12. Provide the date and state of Incorporation/Organization.

Date:	<table border="1"><tr><td></td></tr></table>		State:	<table border="1"><tr><td></td></tr></table>	

13. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

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If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

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Note: Pursuant to Section 218.05(3)(am), Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

14. Has the applicant or any key officer, member, partner or owner ever been licensed (credentialed) under any other name(s) in this state or any other state?

☐

Yes

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No

If yes, identify the current name of the applicant/individual and identify all other names that the applicant/individual is/was licensed under. Attach additional pages if necessary.

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15. Has any key officer, member, partner, or owner ever been issued a professional license by the State of Wisconsin? Examples include an insurance license, a real estate license, or a securities license.

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Yes

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No

If yes, identify the name of the individual, the type of license the individual was issued, the agency the license was issued by, and the license number. Attach additional pages if necessary.

First Name of Individual:	Last Name of Individual:	
Type of License:	Agency:	License Number:

First Name of Individual:	Last Name of Individual:	
Type of License:	Agency:	License Number:

16. Is the applicant presently a defendant in any lawsuits that may materially affect the applicant's financial position?

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Yes

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No

If yes, provide details including the name of the plaintiff(s), amount(s) sued for, basis for the litigation, and its current status. Attach additional pages if necessary.

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17. Identify the products and services that the applicant intends to offer at the Wisconsin locations. Mark all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accepting Utility Payments    | <input type="checkbox"/> Photocopy Services     | <input type="checkbox"/> Notary Public Services                      |
| <input type="checkbox"/> Postage/Envelope Sales        | <input type="checkbox"/> Rolled Coin Sales      | <input type="checkbox"/> Credit Card/Debit Card Advances             |
| <input type="checkbox"/> Bus Passes                    | <input type="checkbox"/> Fax Services           | <input type="checkbox"/> Stored Value Debit Cards Sales              |
| <input type="checkbox"/> Prepaid Phone Card Sales      | <input type="checkbox"/> Issue Own Money Orders | <input type="checkbox"/> Issue Money Orders of 3 <sup>rd</sup> Party |
| <input type="checkbox"/> Other (Please Describe Below) |   |  |

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18. Name, title, address, telephone number, and e-mail address of person to whom future questions regarding **licensing** matters can be directed if the applicant is issued a Wisconsin community currency exchange license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

19. Name, title, address, telephone number, and e-mail address of person to whom future questions regarding **complaints** can be directed if the applicant is issued a Wisconsin community currency exchange license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

20. Name, title, address, telephone number, and e-mail address of person to whom future questions regarding **examination** issues can be directed if the applicant is issued a Wisconsin community currency exchange license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

**PERSONNEL INFORMATION**

21. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

**Corporation:** List all key officers. Also list all stockholders who own 10% or more of the outstanding shares. Key officers include, but are not limited to, the CEO, COO, CFO, president, executive or senior vice president (or the highest level vice president if there is no executive or senior vice president), secretary, and treasurer.

**Limited Liability Company:** List all key members. Also list all other members whose interest in the LLC is 10% or more.

**Limited Partnership:** List all general partners. Also list all limited partners whose interest in the limited partnership is 10% or more.

**Partnership:** List all partners.

**Sole Proprietorship:** List proprietor.

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
<input type="checkbox"/> Mark this box with an "X" if this individual is the <u>only</u> key officer/member/owner of applicant.			
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X": <input type="checkbox"/> This individual is a key officer/member/partner of applicant and his/her title is _____. <input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

22. Indicate which key officer positions are currently vacant. (This item only needs to be completed if the applicant is a corporation or an LLC that has key officers).

<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Chief Financial Officer
<input type="checkbox"/> President	<input type="checkbox"/> Executive/Senior Vice President	<input type="checkbox"/> Secretary
<input type="checkbox"/> Treasurer	<input type="checkbox"/> There are no vacant positions	

23. Identify all legal entities that directly own 10% or more of the applicant. If any of the owners are a trust, also identify the grantor(s) of the trust. Attach additional pages if necessary.

Entity Name:			
Address:			
City:	State:	Zip:	% Ownership:

  

Entity Name:			
Address:			
City:	State:	Zip:	% Ownership:

24. Any legal entity that indirectly owns the applicant must be identified. Provide the following information for each owner of any entity listed in item #23 that owns 25% or more of the entity listed in item #23. Continue up the chain of ownership, listing all 25% or more owners at each level of ownership and providing the following information, until a public reporting company or a natural person is reached. If any of the owners are a trust, also identify the grantor(s) of the trust. Attach additional pages if necessary.

Entity Name or First, Middle and Last Name if an Individual:	Title if Individual:		
Address:			
City:	State:	Zip:	% Ownership:

## APPLICANT BACKGROUND INFORMATION QUESTIONNAIRE

25. This questionnaire must be completed by a key officer, member or partner of the applicant. **These questions pertain to the business identified in item 1 of the application; they do not pertain to the officers, members, or partners of the applicant.**

Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

If any event or action arises after completing these questions and before action is taken by the division on this application that would cause the applicant to answer "Yes" to any question, the applicant must immediately provide all details in writing to the division.

Do not complete this questionnaire if you are a sole proprietor or general partnership.

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has the applicant ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any regulatory agency in this state or any other state? Provide details about the disciplinary action, including but not limited to date, regulatory agency, and type of discipline. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Is disciplinary action pending against the applicant in this state or any other state? Provide details, including but not limited to action, regulatory agency, and state.  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has the applicant ever surrendered, resigned, cancelled, or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential, and state.   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has the applicant been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.) within the past 10 years? Provide details, including but not limited to date, circumstances, and court or agency.   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Has the applicant been denied credit within the past 10 years? Provide details, including but not limited to entity denying credit and date.  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Has the applicant been the subject of any suit, claim, or other civil action in this state or any other state within the last 10 years that was settled or included a ruling or decision not in the applicant's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Is a suit, claim, or other civil action pending in this state or any other state against the applicant? Provide details, including but not limited to a description of the suit, claim, or other civil action, agency or court, date filed, and current status.   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Has a bonding company ever denied, paid out on, or revoked a bond for the applicant? Provide a detailed description of the circumstances that led to the bond being denied, paid out on, or revoked, and the date such action occurred.   |

Initials of individual signing this questionnaire: \_\_\_\_\_

Yes   No

☐   ☐

- i. Has the applicant ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration which is still pending; or resulted in an arbitration award against the applicant; or was settled for any amount? Provide details, including but not limited to a description of why the consumer initiated the arbitration, the date arbitration commenced, and the current status or outcome.

I, , the undersigned, being a key officer, member, or partner  
(Print Name)

of  hereby certify that each statement and  
(Name of Applicant)

representation in the Applicant Background Information Questionnaire is true and correct to the best of my knowledge.

(Signature)

(Title)

(Date)

Note: This Department may independently conduct checks into background, experience and related matters in conjunction with the filing of this application and representations therein. Failure to complete this application completely and accurately may result in denial or revocation of the license, and any other penalties as provided by law.

## INDIVIDUAL BACKGROUND INFORMATION QUESTIONNAIRE

26. This questionnaire must be completed by each key officer, member, partner, or owner of the applicant. Key officers include, but are not limited to, the chief executive officer, chief operating officer, chief financial officer, president, executive or senior vice president (or the highest level vice president if there is no executive or senior vice president), secretary, and treasurer.

Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. Copies of this form may be made.

If any event or action arises after completing these questions and before action is taken by the division on this application that would cause the individual to answer "Yes" to any question, the individual must immediately provide all details in writing to the division.

Yes   No

☐ ☐

a. Have you ever been convicted of any misdemeanor or felony in this state or any other state? Provide details about the misdemeanor or felony, including but not limited to conviction, conviction date, penalty, and court.

☐ ☐

b. Are there any felony or misdemeanor charges pending against you in this state or any other state? Provide details about the pending charges, including but not limited to charge, date, and court.

☐ ☐

c. Are you on probation or on parole for a conviction? Provide details including the terms of incarceration and, if applicable, list name, address, and telephone number of probation or parole officer.

☐ ☐

d. Have you ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any regulatory agency in this state or any other state? Provide details about the disciplinary action, including but not limited to date, regulatory agency, and type of discipline.

☐ ☐

e. Is disciplinary action pending against you in this state or any other state? Provide details, including but not limited to action, regulatory agency, and state.

☐ ☐

f. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in this or any other state? Provide details, including but not limited to date, credential, and state.

☐ ☐

g. Has your employment involuntarily been suspended or terminated in this state or any other state? Provide details about the suspension or termination, including but not limited to name and location of employer, reason, and date.

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h. Have you been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.) within the past 10 years? Provide details, including but not limited to date, circumstances, and court or agency.

☐ ☐

i. Have you been denied credit within the past 10 years? Provide details, including but not limited to entity denying credit and date.

Initials of individual signing this questionnaire: \_\_\_\_\_

Yes    No

- ☐ ☐ j. Have you been the subject of any suit, claim, or other civil action in this state or any other state within the last 10 years that was settled or included a ruling or decision not in your favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.
- ☐ ☐ k. Is a suit, claim, or other civil action pending against you in this state or any other state? Provide details, including but not limited to a description of the suit, claim, or other civil action, agency or court, date filed, and current status.
- ☐ ☐ l. Have you been the key officer, member, partner, or owner of any company that failed in business or filed bankruptcy while you were a key officer, member, partner or owner? Provide details, including company name(s), your position with the company, dates, and circumstances.
- ☐ ☐ m. Have you been the key officer, member, partner, or owner of any company that was the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any regulatory agency in this state or any other state while you were a key officer, member, partner, or owner? Provide details about the disciplinary action, including but not limited to company name, date, regulatory agency, and type of discipline.

I, , the undersigned, being a key officer, member, or partner  
(Print Name)

of  hereby certify that each statement and  
(Name of Applicant)

representation in the Individual Background Information Questionnaire is true and correct to the best of my knowledge.

(Signature)	(Title)	(Date)

Note: This Department may independently conduct checks into background, experience and related matters in conjunction with the filing of this application and representations therein. Failure to complete this application completely and accurately may result in denial or revocation of the license, and any other penalties as provided by law.

## ATTACHMENTS

27. Check the box next to the items that you are attaching to your application. Refer to the instructions to determine which items you are required to attach.

- ☐ **A) Surety Bond** (refer to page 2 of the instructions)
- ☐ **B) Financial Statements** (refer to page 2 of the instructions)
- ☐ **C) Insurance Policy** (refer to page 3 of the instructions)
- ☐ **D) Fees** (refer to page 3 of the instructions)
- ☐ **E) Certificate of Good Standing** (refer to page 3 of the instructions)
- ☐ **F) Criminal History Report(s)** (refer to page 3 of the instructions)
- ☐ **G) Officer/Owner Resume(s)** (refer to page 4 of the instructions)
- ☐ **H) Business Plan** (refer to page 4 of the instructions)
- ☐ **I) Floor Plan Diagram** (refer to page 4 of the instructions)

## CHECKLIST

28. The following checklist addresses common problems that the division identifies on community currency exchange license applications. Please answer each question on the checklist to ensure that you are submitting a complete application.

**Yes**   **No**   **N/A**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The division does not allow a trade name (doing business as name) to include a corporate identifier. Examples of corporate identifiers include "Company," "Co.," "Corp.," and "Inc." If your company will be using a trade name in Wisconsin, have you verified that the trade name does not include a corporate identifier? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were all key officers/members identified on pages 6 and 7 of the application?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a Certificate of Good Standing attached to this application if the applicant was incorporated/organized in a state other than Wisconsin? Refer to page 3 of the instructions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are required to submit a Certificate of Good Standing, was it dated within the previous 90 days? Refer to page 3 of the instructions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was your surety bond prepared on form LFS520? Bond forms that have been reproduced (retyped) by an insurance company are not acceptable. Refer to page 2 of the instructions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If the applicant uses a trade name, have you verified that the trade name is included on the surety bond? Refer to page 2 of the instructions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If the Corporations Section of the Wisconsin Department of Financial Institutions required the applicant to use a fictitious name, does the surety bond identify only the fictitious name? Refer to page 2 of the instructions.  |



**Yes   No   N/A**

☐ ☐ ☐

Has page 2 of the bond been signed by an officer/member/owner/partner whose signature has been either witnessed or sealed? Refer to page 2 of the instructions.

☐ ☐ ☐

Have you attached the original surety bond and the power-of-attorney form that accompanies it to this application? A photocopy of the bond is not acceptable. Refer to page 2 of the instructions.

☐ ☐ ☐

Have the financial statements been prepared according to generally accepted accounting principles on an accrual basis? Refer to page 2 of the instructions.

☐ ☐ ☐

Are the financial statements for the entity that is identified in item #1 of the application? We will NOT accept a financial statement for the applicant's parent company.

**AFFIDAVIT**

29. I, \_\_\_\_\_, the undersigned, being the duly authorized representative of  
(Print Name)

\_\_\_\_\_ hereby certify that each statement and  
(Name of Applicant)

representation in this application and in attachments to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

This form is required under Section 218.05, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

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