

STATE OF WISCONSIN
Department of Financial Institutions
Division of Banking



SELLER OF CHECKS LICENSE APPLICATION INSTRUCTIONS

Purpose: A completed Seller of Checks 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, directors, members, partners, or owners, warrant the belief that the business will be operated in compliance with Chapter 217, Wis. Stats., the division shall issue a license.

Notice: This form is required under Chapter 217, 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.

A Seller of Checks License Application can be submitted to the division by mail or online through the Nationwide Multistate Licensing System & Registry (NMLS).

- If submitting the application by mail, use this form.
- If submitting the application online, follow the application instructions that are found on NMLS’s website at <https://mortgage.nationwidelicensingsystem.org/slr/Pages/default.aspx>. You will need to click on the picture of Wisconsin to access Wisconsin applications and forms. Please note that additional fees may be assessed by NMLS.

APPLICANT INFORMATION (Pages 1-11)

Print or type the information requested in the spaces provided on pages 1 through 11 of the Seller of Checks License Application.

ATTACHMENTS (Page 12)

The following items may need to be submitted with your completed Seller of Checks License Application. **Additional information regarding each item is included on pages 2-5** of this instruction packet. Please read the instructions to determine which items you will be required to submit.

- A) Surety Bond or Deposit in Lieu of Surety Bond
- B) Financial Statements
- C) Fees
- D) List of Offices and Authorized Agents
- E) Certificate of Good Standing
- F) Criminal History Report(s)
- G) Officer/Owner Resume(s)
- H) Business Plan
- I) Organizational Chart
- J) Copy of Check
- K) Copy of Receipt
- L) Sample Authorization
- M) Flow of Funds
- N) Management Chart
- O) AML/BSA Policy

A. Surety Bond or Deposit in Lieu of Surety Bond

The applicant must provide a surety bond **or** a deposit in lieu of a surety bond. Information about each follows.

Surety Bond

The bond form is found on the Department of Financial Institutions' website, dfi.wi.gov, by selecting Financial Services and then Licensed Financial Services Applications and Forms. The bond must:

- be in the amount of \$10,000 for the first location plus an additional \$5,000 for each additional location **or** \$300,000, whichever is less. "Locations" include all the applicant's Wisconsin offices (including offices where records are maintained - even if checks are not sold at those offices) and the Wisconsin offices of the applicant's authorized agents.
- be in the amount of \$50,000 for each location that is also licensed as a community currency exchange **or** \$300,000, whichever is less.
- 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 in Wisconsin. 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 for the benefit of any claimants against the applicant or the applicant's agents to secure the faithful performance of the obligations of the applicant and the applicant's agents with respect to the receipt, handling, transmission, and payment of money in connection with the sale of checks and to reimburse the division for any examination or liquidation expense. The surety shall have the right to cancel such bond upon giving not less than 60 days' written notice to the division, but such cancellation shall not release the surety from any liability that may arise with respect to obligations of the licensee outstanding on or prior to the effective day that such bond is canceled. Such claimants against the applicant or the applicant's agents may themselves bring suit directly on the bond, or the attorney general may bring suit thereon in behalf of such claimants, either in one action or successive actions. The provisions of an acceptable bond will:

- cover all locations licensed under Chapter 217, Wis. Stats., including those of authorized agents.
- allow any person aggrieved by the misconduct of the licensee or licensee's agents to bring suit directly upon the bond of the licensee in any court having jurisdiction of the amount claimed.
- 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.
- require a minimum of 60 days written notice via certified mail of the cancellation of the bond.
- 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.
- indicate that written notice of claims may be filed for a minimum of six years after date of cancellation.
- require that surety pays or denies claim within a maximum of six months after receipt of claim.

- provide that if the claims for which the surety acknowledges liability exceed the stated sum, the surety may discharge itself from all further liability hereunder by paying said sum to the Wisconsin Department of Financial Institutions for the benefit of the claimants.
- identify the name and address of claims agent.

Deposit in Lieu of Surety Bond

In lieu of a surety bond, or of any portion of the principal thereof as required by Section 217.06(3), Wis. Stats., the applicant may deposit with such banks or trust companies in this state as the applicant designates and the division approves, interest-bearing obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States, or of this state, or of a city, county, town, village, school district or instrumentality of this state, or guaranteed by this state, to an aggregate amount, based upon principal amount or market value, whichever is lower, of not less than the amount of the required corporate surety bond or portion thereof. The securities shall be held to secure the same obligations as would the surety bond. The securities shall be held for six years after the date the license has been surrendered, revoked, or terminated or a satisfactory surety bond has been secured for any claimants against the applicant or the applicant's agents to be paid. The depositor shall be entitled to receive all interest thereon, shall have the right with the approval of the division to substitute other securities for those deposited, and shall be required to do so on written order of the division. The applicant shall pay all expenses of maintaining the deposit of obligations deposited in lieu of a corporate surety bond.

For your convenience, a sample Deposit in Lieu of Bond form can be found on the Department of Financial Institutions' website, dfi.wi.gov, by selecting Financial Services and then Licensed Financial Services Applications and Forms. The amount of the deposit in lieu of surety bond must be in an amount that is not less than the amount of the required surety bond (see "Surety Bond" section above).

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 \$100,000 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 any intangible assets, prepaid assets, other assets and related party receivables
- 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 at least \$100,000 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)
- an aging report for any accounts receivable identified on the balance sheet

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) Fees

The applicant must submit an **\$800** application fee. **An additional \$5 annual license fee must also be submitted** for each of the applicant's Wisconsin offices (including offices where records are maintained - even if payment instruments are not sold at those offices) *and* for each of the applicants authorized Wisconsin agents. The maximum total fee to submit for the application and agents/locations is \$1,500.

The \$800 fee consists of a \$500 annual license fee and a \$300 nonrefundable investigation fee.

Checks must be made payable to the Department of Financial Institutions.

D) List of Offices and Authorized Agents

Submit a list of the office locations in Wisconsin at which the applicant or its authorized agents propose to engage in business as a seller of checks. The list should include the name and address of each office or agent.

The list is not required of an applicant that pays the maximum license fee of \$1,500 **and** files a bond or deposits securities in the maximum amount of \$300,000.

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 Resume(s)

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. If the business plan does not include the following information about the applicant's program, please provide the information in a separate document.

- **Prepaid Access Plans** – Details about how the prepaid access program(s) will operate. Include information about loading, reloading, and activation of the cards.
- **Virtual Currency** – Indicate if the activities of the applicant include transmitting non-fiat currency.
- **Accelerated Payment Programs** –
 - Explain how a client enrolls for the product or service.
 - Indicate if a client enrolls via the internet, how the client is informed about the product or service, and how the client provides their bank account information, lender information and authorization for ACH debit.

- Provide a copy of the form for enrollment in the program.
- Explain the method and frequency for debiting customers' accounts.
- Explain procedures for handling funds collected but not remitted (held for later payment).
- **Commissary Service –**
 - Explain how family and friends of the inmates load money to the inmates account.
 - If the applicant uses kiosks or ATMs located in the correctional facilities, describe the transactions that can be performed at the kiosk/ATM.
 - With respect to the kiosk/ATM transactions that involve currency or credit cards, indicate if the proceeds of the transactions flow into an account owned by the applicant.

I) Organizational Chart

Submit a chart showing the direct owners, indirect owners, subsidiaries and affiliates of the applicant.

J) Copy of Check (If Applicable)

Submit a copy of the payment instrument(s) to be sold by the applicant and its authorized agents in Wisconsin.

K) Copy of Receipt (If Applicable)

If the applicant will be receiving funds for transmission, submit a copy of the receipt that the applicant will furnish to customers.

L) Sample Authorization

Submit a copy of the authorization that will be furnished to each agent as required by Section 217.03(2), Wis. Stats. A sample authorization can be found at dfi.wi.gov by selecting Financial Services and then Seller of Checks.

M) Flow of Funds

Provide a flowchart for the seller of checks activities showing how money goes from the customer ending at the completion of the transaction when money is received by the beneficiary. The flowchart should include the exact names that appear on the bank accounts that the funds flow through.

N) Management Chart

Provide a management chart showing the applicant's divisions, officers, and managers, or any individuals that otherwise control or direct the activities for the application (provide individual's name and title).

O) AML/BSA Policy

The applicant must have in place a formally adopted and fully implemented written AML program that complies with Title 31 Code of Federal Regulations s. 1022.210. Such program includes a risk assessment and procedures employed to "know your customer." Provide an Anti-Money Laundering (AML)/Bank Secrecy Act (BSA) Policy that is being used or proposed to be used by the applicant.

CHECKLIST (Pages 12 – 13)

The checklist sets forth common problems the division identifies on seller of checks license 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 sellers of checks licensed under Chapter 217, Wisconsin Statutes.

Access the NMLS website at www.mortgage.nationwidelicensingsystem.org/Pages/default.aspx to:

- Apply for a license through NMLS instead of filing a paper application.
- Find State Licensing Requirements and State Agency Checklists for NMLS.
- Find NMLS quick guides, news, and updates.



TELEPHONE

Licensed Financial Services Section	(608) 572-4424
Division of Banking	(608) 261-7578
NMLS Call Center	(855) 665-7123



FAX

Division of Banking	(608) 267-6889
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Mailing Address:
PO Box 7876
Madison, WI
53707-7876



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

dfi.wi.gov

Department of Financial Institutions

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

SELLER OF CHECKS
LICENSE APPLICATION

Print or type the information requested in the spaces provided. Do not submit this application if you already submitted a Wisconsin Seller of Checks License Application through the Nationwide Multistate Licensing System (NMLS).

APPLICANT INFORMATION

1.

Name of applicant: 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.

Address and phone number of applicant's headquarters office

Street:

Telephone Number:

City:

State:

Zip:

FAX Number:

3.

Mailing address of applicant's headquarters office (if different than above)

Street:

PO Box:

City:

State:

Zip:

4.

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:

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

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6. Identify the location where records relating to the seller of checks business will be maintained for examination purposes:

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

7. Identify the type(s) of products and/or services that will be offered to Wisconsin residents. Mark all that apply.

<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Travelers Checks	<input type="checkbox"/> Money Orders
<input type="checkbox"/> Stored Value Products	<input type="checkbox"/> Drafts	<input type="checkbox"/> Bill Payment Services
<input type="checkbox"/> Other (Please Specify)		

8. Provide the name, address and account number for each financial institution where the applicant's payment instruments will be drawn or through which these payment instruments will be payable. Attach additional pages as necessary.

Financial Institution:			Account Number:
Street:	City:	State:	Zip:

Financial Institution:			Account Number:
Street:	City:	State:	Zip:

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

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

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

10. List states, other than Wisconsin, in which the applicant, and/or entities related to the applicant, currently has a pending seller of checks or money transmitter 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 seller of checks to conduct business in the noted state:	

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

11. Provide the applicant's FinCEN registration confirmation number and provide the name of the company's compliance officer.

FinCEN Registration Number:

Name of Compliance Officer:

12. Is the applicant currently conducting seller of checks business in Wisconsin?

☐

Yes

☐

No

If yes, provide the number and amount of annual Wisconsin transactions. Additionally, if the applicant has been operating in Wisconsin as an agent for another licensee, indicate how long the applicant has been an agent and provide a copy of the contract with that licensee. Attach additional pages as necessary.

Year:	\$ volume of WI business during this year:	# WI transactions during this year:
Year:	\$ volume of WI business during this year:	# WI transactions during this year:
Year:	\$ volume of WI business during this year:	# WI transactions during this year:

Length of time as agent (if applicable):

Agent contract is attached (if applicable) :

☐

Yes

☐

No

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

☐

Corporation

☐

Partnership

☐

Limited Liability Company

☐

Sole Proprietorship

☐

Limited Partnership

☐

Other (Please Specify)

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

Date:

State:

15. 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 217.05, 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.

16. Has the applicant or any key officer, director, member, partner, or owner ever been ☐ Yes ☐ No licensed (credentialed) under any other name(s) in this state or any other state?

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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17. Has any key officer, director, 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.

☐ Yes ☐ 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:	

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

☐ Yes ☐ 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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19. 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 seller of checks 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 **complaints** can be directed if the applicant is issued a Wisconsin seller of checks license.

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

21. 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 seller of checks license.

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

PERSONNEL INFORMATION

22. 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 and directors. 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 (LLC): 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/director/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/director/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/director/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/director/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/director/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/director/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.			

23. 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	

24. 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:

25. Any legal entity that indirectly owns the applicant must be identified. Provide the following information for each owner of any entity listed in item #24 that owns 25% or more of the entity listed in item #24. 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

26. 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

☐ ☐

- 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.

☐ ☐

- 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.

☐ ☐

- 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.

☐ ☐

- 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.

☐ ☐

- e. Has the applicant been denied credit within the past 10 years? Provide details, including but not limited to entity denying credit, and date.

☐ ☐

- 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.

☐ ☐

- 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.

☐ ☐

- 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

27. This questionnaire must be completed by each key officer, director, 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.

☐ ☐

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, director, member, partner, or owner of any company that failed in business or filed bankruptcy while you were a key officer, director, 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, director, 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, director, 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, director, 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

28. 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 or Deposit in Lieu of Surety Bond** (refer to pages 2 and 3 of the instructions)
- ☐ **B) Financial Statements** (refer to pages 3 and 4 of the instructions)
- ☐ **C) Fees** (refer to page 4 of the instructions)
- ☐ **D) List of Offices and Authorized Agents** (refer to page 4 of the instructions)
- ☐ **E) Certificate of Good Standing** (refer to page 4 of the instructions)
- ☐ **F) Criminal History Report(s)** (refer to page 4 of the instructions)
- ☐ **G) Officer/Director/Owner Resume(s)** (refer to page 4 of the instructions)
- ☐ **H) Business Plan** (refer to pages 4 and 5 of the instructions)
- ☐ **I) Organizational Chart** (refer to page 5 of the instructions)
- ☐ **J) Copy of Check** (refer to page 5 of the instructions)
- ☐ **K) Copy of Receipt** (refer to page 5 of the instructions)
- ☐ **L) Sample Authorization** (refer to page 5 of the instructions)
- ☐ **M) Flow of Funds** (refer to page 5 of the instructions)
- ☐ **N) Management Chart** (refer to page 5 of the instructions)
- ☐ **O) AML/BSA Policy** (refer to page 5 of the instructions)

CHECKLIST

29. The following checklist addresses common problems that the division identifies on seller of checks 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/directors/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 4 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 4 of the instructions. |

Yes No N/A

☐ ☐ ☐

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.

☐ ☐ ☐

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.

☐ ☐ ☐

Has page 2 of the bond been signed by an officer/owner/member/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 3 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

30. 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 Chapter 217, 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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