

Received by

Date Stamp below

Illinois Department of Financial and Professional Regulation
Division of Financial Institutions
Currency Exchange Section
100 W. Randolph, Ste. 9-100
Chicago, IL 60601
(312) 814-5153
(312) 814-8672 Fax

Additional Service Application Checklist

- \$500 Fee Payable to Director of Financial Institutions
- Copies of any License required to provide the Service
- If a Corporation, Certificate of Good Standing
- Specimen copies of marketing material
- Copies of any contracts that would be entered into with currency exchange or ultimate customer.
- Narrative Statement describing how service satisfies the criteria enumerated in Section 3.3
- Signed and dated Affirmation

Currency Exchange Section
Additional Service Application

Name of Entity Providing Service

Street Address

City, State, ZIP

Contact Person:

Voice

Fax

Are you incorporated in Illinois? If yes, please provide evidence of this in the form of a Certificate of Good Standing.

Please provide your FEIN (Federal Employers Identification Number).

Briefly describe the service you wish to be considered for approval under Section 3.3 of the Currency Exchange Act. Attach any brochures or marketing material. Include in your description any and all fees charged the customer and any commissions or fees paid to the currency exchange.

Please describe the typical transaction

Please address in narrative form how your service will meet the criteria as set out in Section 3.3 of the Currency Exchange Act. An excerpt appears below :

"...if the services are consistent with the provisions of this Act, are within its meaning, are in the best interest of the public, and benefit the general welfare." (205 ILCS 405/3.3)

Is there a contract that would be entered into with the currency exchange? Please provide a copy.

In the event that there is a problem who can be contacted to address it.

Name
Title
Office Phone
Cellular

Please provide copies of any license or certification that enables your to provide the service.

Please answer the following:

For how long have you been providing this service.

Has your company been sued over the provision of the service.

If a publicly traded company please provide your most recent annual report and Form 10K

Please state affirmatively that you are in substantive compliance with all tax obligations to the State of Illinois.

Affirmation

Under penalties of perjury I certify that the above responses are true and correct to the best of my knowledge. Also, I understand that the provision of the service in a manner other than what I have proposed requires the express written permission of the Department. Failure to do so may result in approval being rescinded and possible regulatory action against the currency exchange through which I am purveying the service.

Signature

Date

Printed Name

Supervisor's review and recommendation:

Approved ____ Denied _____

Director's Final Determination:

Approved: _____ Denied _____