

C. Additional licensed currency exchange locations operated by the applicant (use separate sheet if additional space is needed).

Street Address (P.O. Boxes are not acceptable)

City State Zip Code County

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D. Please provide the names and complete business addresses of owners, partners, officers, stockholders (owning 10% or more of the corporate stock), and employees with authority to exercise management or policy control over the company.

Full Name	Official Title	Percent Ownership	Residence Address	Social Security Number	Birth Date

E. ALL applicants must answer the following questions. If any questions are answered "YES," you MUST attach a detailed written explanation and any legal documentation, if applicable.

Have you, any of the owners, partners, officers, managers, directors, or shareholders owning more than 10% of the corporate stock:

YES NO

- 1. Held a currency exchange license in any other state other than Minnesota? If YES, the new license application must include a verification of license certified by the state(s); all other applicants must verify that the certification(s) previously submitted is accurate.
- 2. Been the subject of any inquiry or investigation by any division of the Minnesota Department of Commerce?
- 3. Had any occupational license censured, suspended, revoked, cancelled, terminated or been the subject of any type of administrative action in any state including Minnesota?
- 4. Have you ever been charged with, or convicted of, or been indicted for, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), other than traffic violations, in any State or Federal Court?
- 5. Been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds or breach of contract?
- 6. Been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes, Section 270A.72, that you currently owe the State of Minnesota taxes?
- 7. Have any unclaimed property (unclaimed funds or property over 3 years old) to report under Minnesota Statutes, Section 345.37?
- 8. Filed for bankruptcy or protection from creditors or currently have outstanding unsatisfied judgment(s)?
- 9. Been affiliated with any other currency exchange?
- 10. Will the applicant sell lottery tickets at the licensed location?

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THIS DOCUMENT HAS NOT BEEN ALTERED OR CHANGED IN ANY MANNER FROM THE FORM ADOPTED BY THE DEPARTMENT OF COMMERCE.

Signature of Owner, Partner or Corporate Officer

Date

Print Name of Owner, Partner, or Corporate Officer

PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL NEW OR RENEWAL APPLICATIONS:

(unless otherwise noted)

- All **NEW** applicants must provide a signed, notarized statement from the applicant stating the proposed location of the currency exchange is not located within 1/2 mile of another currency exchange.
- A current fee schedule of all fees charged by your currency exchange office for cashing checks, money orders or travelers' checks. The list **MUST** include the type of check cashed, the fee charged, and whether or not the fee varies depending on the amount of the check.
- All owners, partners, officers, stockholders (owning 10% or more of the corporate stock), and employees with authority to exercise management or policy control over the company must request that the Bureau of Criminal Apprehension conduct a background investigation on the form provided. Completed form(s) **MUST** be submitted with your license or renewal application.
- The work experience covering ten (10) years prior to application for each person listed.
- A surety bond for \$10,000 (on the forms provided) with a power of attorney form.
- A check or money order made payable to "**Department of Commerce**" for:
New Applicants: \$1,500.00 (\$1,000.00 non-refundable application fee and \$500.00 licensing fee.)
Amendment Fee: \$100.00
License Renewal Fee \$500.00
- If applicant is a corporation, attach a copy of the Articles of Incorporation filed with the Secretary of State.
- If the applicant is a partnership, attach a copy of the Articles/Agreement of Partnership.
- The name under which the business will be conducted must be exactly the same as the name on your license. If operating under any name other than the exact corporate or partnership name or, if an individual proprietorship doing business under any name other than your first and last name, attach a copy of the Assumed Name Certificate by the Minnesota Secretary of State (651) 296-2803.

To apply, complete (*please type or print in ink*) and submit this form with the required fee to the Department of Commerce, Division of Financial Institutions, 85 7th Place East, Suite 500, St. Paul, MN 55101-2198. Check or money order must be payable to the "**Department of Commerce**". **WE CANNOT ACCEPT CASH.** Incomplete forms will be returned to the business address listed.

For further information on the application process, applicants may contact the Division at (651) 539-1721 or via e-mail, financial.commerce@state.mn.us. The application is available on the Commerce website: www.commerce.state.mn.us.

BCA FORM – CURRENCY EXCHANGE

TO: Department of Public Safety
Minnesota Bureau of Criminal Apprehension
Attn: CJIS-Criminal History Access
1430 Maryland Avenue East
St. Paul, Minnesota 55106
(651) 793-2400

RE: Request for Background Check
Currency Exchange License (Chapter 53A)

I, _____, date of birth _____,
(Print Name)

have made application to the Minnesota Department of Commerce for a Currency Exchange license under the provisions of Minnesota Statute Chapter 53A.

If I am not the applicant for licensure I am either an officer, a limited/general partner, a manager or a shareholder and will own ten percent (10%) of the stock. Or, I am an employee with the authority to exercise management or policy control over the company.

I hereby request the Bureau of Criminal Apprehension to conduct a background investigation of me for licensing purposes as required under Minnesota Statute Chapter 53A.

Signature and Title	Date
RESIDENTIAL ADDRESS	SOCIAL SECURITY NUMBER
_____	_____

CURRENCY EXCHANGE APPLICANT: This form must be completed by the Minnesota Department of Public Safety, Criminal Apprehension PRIOR TO submission to the Department of Commerce. There is a \$15.00 fee for each background check which should accompany this form. Make check payable to the “**Department of Public Safety**”. A self-addressed stamped envelope must be included with this form when submitting the BCA request to the Department of Public Safety.

NOTE TO BUREAU OF CRIMINAL APPREHENSION: *Please enclose completed background investigation in a sealed envelope along with this letter.*

STATE OF MINNESOTA

BOND NUMBER: _____

**SURETY BOND
CURRENCY EXCHANGE**

KNOW ALL PERSONS BY THESE PRESENTS: That _____

(Name of Principal)

a _____

(Description of the form of business organization, including state of business incorporation, e.g. "a Minnesota Corporation")

with business office at _____

(Street Address, City, State, Zip Code of office covered by this bond)

as PRINCIPAL and _____

(Name of Surety)

a corporation duly organized under the laws of the State of _____ which is authorized to engage in the business of insurance in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Department of Commerce of the State of Minnesota in the sum of _____ (\$_____). Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally. The parties further agree that:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 53A.08, is to secure the compliance by Principal with terms of Minnesota Statutes, Section 53A.01 to 53A.13, and any other legal obligations arising out of the Principal's conduct as a currency exchange.
2. This bond is for the benefit of the State of Minnesota and all persons suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Section 53A.01 to 53A.13, or other legal obligations arising out of Principal's conduct as a currency exchange.
3. If the Principal shall violate Minnesota Statutes, Section 53A.01 to 53A.13, or other legal obligations arising out of its conduct as a currency exchange, the Commissioner of Commerce, as well as any person damaged as a result of such violation shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.
4. This bond shall become effective on _____, 20____, and shall remain in effect until the earlier of the expiration of the Principal's license as a currency exchange or cancellation of this bond by the Surety. The Surety may cancel this bond and be released from any further liability hereunder by providing written notice of such cancellation to the Obligee. Cancellation shall be effective 30 days after notice of cancellation is sent by certified mail to the Obligee. Such cancellation shall not affect liability incurred prior to the effective date of Cancellation.
5. This bond shall be in effect from _____, 20____, until December 31, 20____.
6. The SURETY must notify the Commissioner of Commerce prior to making payment of any claim on this bond. Notice shall be provided to the following address: Minnesota Department of Commerce, Financial Institutions Division, 85 7th Place East, Suite 500, Saint Paul, Minnesota 55101.

(Name of Surety)

By: _____

**Signature of Attorney in Fact
Surety must attach a Power of Attorney**

(Name of Principal)

By: _____

Signature of Owner/ Officer

ACKNOWLEDGMENT OF SURETY

STATE OF _____)
) ss.
 COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ (name of individual) who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of

(name of surety company)

a _____ corporation, on behalf of the corporation.
 (state or place of incorporation)

 Notary Public

(Notary Seal)

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF _____)
) ss.
 COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ (name of individual) who acknowledged that he or she is the _____ of a currency exchange whose name is subscribed on this bond form, and that, as an owner/officer of the currency exchange, he or she is authorized to execute the bond for the purposes therein contained.

 Notary Public

(Notary Seal)