



DIVISION OF BANKING AND SECURITIES
Consumer Finance Section
550 West Seventh Avenue, Suite 1850
Anchorage, Alaska 99501
Main: 907.269.4584
Toll free: 1.888.925.2521

Money Services Business Renewal Application

License# AK-MT-100_____ or AK-CE-100_____

DUE DATE: December 1st

- Money Transmission (\$500)
- Currency Exchange (after first renewal, licensing occurs on a biennial basis - \$1000)

This application must be completed for entities seeking to renew their license to engage in the business of money transmission or currency exchange. (AS 06.55)

1. Full legal name of the Licensee and Federal Taxpayer Identification number.

2. Any DBA or assumed name used in Alaska, if applicable.

3. Primary Business Location (street address, city, state, zip code).

4. Mailing address of Licensee (street address, city, state, zip code).

5. a) Individual who will serve as primary contact for questions on the renewal application.

Name: _____

Title: _____

Telephone Number: _____

Email Address: _____

6. b) Customer Service Information (transaction issues and complaints)

Customer Service Phone numbers (toll free) _____

Customer Service Email address _____

7. Number of locations established in Alaska by the Licensee (as of 9/30) _____. Service is provided through (indicate the number of all that apply):

____ Company Owned Outlets ____ Subsidiaries or Affiliates ____ Internet

____ Authorized Delegate ____ Other (explain)

8. a) Products or services offered directly to Alaska citizens under this license (mark all that apply):

- Electronic money transmission
- Issuing traveler’s checks
- Selling traveler’s checks
- Issuing money orders
- Selling money orders
- Bill paying
- Issuing and/or selling drafts
- Transporting currency
- Issuing prepaid access/stored value
 Open Closed Internet
- Check cashing
- Foreign currency dealing or exchanging
- Door to Door Transactions
- Internet
- Seasonal Business
 Dates of operation: _____
- Internet Only
- Other – _____

9. b) Products or services offered to Alaska citizens as an authorized delegate for another licensee (mark all that apply)

<u>Products:</u>	<u>Name of Licensee</u>	<u>Name of Licensee</u>	<u>Name of Licensee</u>
Money transmission			
Currency Exchange			
Gift Cards			
Prepaid Access Products			
Money Orders			
Traveler’s Checks			
Check Cashing			
Bill Pay			
Drafts			
Currency Transportation			
Other (explain)			

10. Identify all websites operated by the Applicant. _____

11. Provide a chart detailing any pending or completed enforcement actions taken by a regulatory agency against the Licensee, its affiliates, and any principals of the Licensee, as well as any judgments outstanding against the Licensee, during the period October 1st through September 30th.

12. Authorized Delegate Locations / Branch Locations

Does the entity conduct money transmission or currency exchange using independent authorized delegates or at company branch locations?

YES (If yes, you must include agent data in the licensee informational workbook listed in Question #12) for the period ending September 30th.

NO (Please note, you must still submit the licensee informational workbook listed in Question #12)

All Agents must obtain and maintain a valid Alaska business license. Expired Alaska business licenses will delay final review of your application.

13. The attached Licensee Information Workbook contains the following worksheets:

- Instructions
- Licensee Information Report
- Delegate Report

Each licensee **must** submit the attached Licensee Information Workbook to the Division as part of the renewal packet. The workbook **must** be submitted in electronic format to our office.

If you are unable to capture all requested delegate data, please replicate the delegate form prior to amending data and inform the department. If you do not have the information, such as a delegate's email address, please leave it blank but you **MUST INCLUDE** the column in your final form submitted to us.

USE ATTACHED EXCEL WORKBOOK

SUBMITTING ELECTRONIC FILES TO THE DIVISION: You may submit your electronic licensee information workbook in Excel® to the Division by email to moneytransmitters@alaska.gov or burn the file to a CD-ROM and mail it to the Division to the attention of: **Yvonne Little, 550 West 7th Avenue, Suite 1850, Anchorage, AK 99501**

Please note we recommend encryption / password protecting documents emailed to us.

ANNUAL RENEWAL REPORT AFFIDAVIT

AFFIDAVIT OF PREPARER:

I hereby certify under penalty of perjury that the Licensee continues to maintain permissible investments pursuant to AS 06.55.501 and AS 06.55.502, and that I have examined the information contained in this Annual Renewal Report (ARR) and attached supporting documents (including any accompanying schedules and statements, if any), and the reported information is correct and complete in accordance with the law and further acknowledge that there are no misrepresentations or omissions of material facts. I further attest that any documents or correspondence transmitted electronically is true and correct and will not be contested.

Prepared By: _____
Signature *Date*

Type or print name of preparer *Title*

Phone: _____ Ext: _____ Fax: _____ E-mail: _____

AFFIDAVIT OF COMPANY OFFICIAL:

I, _____ the undersigned being the _____
Type or print name of company official *Title of company official*

of _____, an Alaska licensed money transmitter
Type or print company name as licensed

hereby certify under penalty of perjury that I have examined the information contained in this Annual Renewal Report (ARR), and attached supporting documents (including any accompanying schedules and statements, if any), and the reported information is correct and complete in accordance with the law, and further acknowledge that there are no misrepresentations or omissions of material facts. I further attest that any documents or correspondence transmitted electronically is true and correct and will not be contested.

Signature of Company Official

Notary:

Signed and sworn before me this _____ day of _____ 20 _____ and I hereby certify that I am not an Officer or Director of this company.

Signature of Notary Public

"Seal"

Notary Public in and for the:
State of _____

County of _____

My commission expires: _____