

FORM MT

(To be left blank by all Applicants)

Name _____
Location _____
Classification _____

License No. _____
Date Issued _____
License Fee Received _____
Investigation Fee Received _____

(To be filled in by all Applicants)

**APPLICATION FOR LICENSE PURSUANT TO
THE ALABAMA MONETARY TRANSMISSION ACT**

To: Alabama Securities Commission
PO Box 304700
Montgomery, AL 36130-4700

Date _____

The undersigned hereby makes application for a license under the provisions of the Alabama Money Transmissions Act, Ala. Code Section 8-7A-1, et. seq. to engage in the business of selling or issuing payment instruments, stored value, or receiving money or monetary value for transmission in the State of Alabama. For the purpose of such application, the undersigned submits the following information:

1. (a) The full name of the Applicant is _____
- (b) The Applicant is a _____
(Proprietorship, Corporation, Individual, Partnership, Joint Stock Association, Limited Liability Corporation)
- (c) If the Applicant is a corporation, the state of incorporation is _____

Is Corporation qualified to do business in the State of Alabama? YES _____ NO _____

2. The address of the Applicant's principal office in the State of Alabama is:

(street) (city) (county) (state) (zip)

3. If the Applicant is a foreign corporation, the address of the principal office of the corporation is:

(street) (city) (county) (state) (zip)

4. The trade name under which the Applicant proposes to operate, if any, is:

5. Applicant's Email Address: _____

6. If the Applicant is a corporation, state separately the full name and business address of each officer and director of the Applicant:

name	office	address
------	--------	---------

name	office	address
------	--------	---------

name	office	address
------	--------	---------

7. If the Applicant is a partnership or an association or limited liability corporation (other than a Joint Stock Association with fifty (50) or more members), state separately the full name and business address of each member:

name	office	address
------	--------	---------

name	office	address
------	--------	---------

name	office	address
------	--------	---------

8. If the Applicant is a Joint Stock Association having fifty (50) or more members, state the name and business address of the association and each officer and director thereof:

Name of Association	Business Address
---------------------	------------------

Name	Office Held	Business Address
------	-------------	------------------

GENERAL QUESTIONS

1. Are you now or have you ever been engaged in the business of selling or issuing payment instruments, stored value, or receiving money or monetary value for transmission in the state of Alabama or any other state?
YES _____ NO _____

2. If the answer to Question number (1) is yes, please identify every state in which you have ever engaged in the business. _____

3. Have you ever engaged in the business of selling or issuing payment instruments, stored value, or receiving money or monetary value for transmission in the State of Alabama prior to the filing of this application?
YES _____ NO _____

If so, for how long? _____

4. Please provide in detail a description of your current business. _____

Attach additional pages if needed.

5. Please provide in detail you prior business activities. _____

Attach additional pages if needed.

6. Are you now engaged in the business of selling or issuing payment instruments, stored value, or receiving money or monetary value for transmission? YES _____ NO _____. If you answer yes, please provide details of this business: _____

7. If the answer to either or both of the previous questions is yes, please provide detail concerning the experience of your officers, managing partners, principals, etc. in this type of business: (attach additional sheet of paper, marked Exhibit A, if necessary) _____

8. Do you propose to carry on, or engage in, any other business? YES _____ NO _____. If the answer is "yes", describe other business, or businesses, in detail _____

9. Do you propose to operate at more than one location or designate an authorized delegate within the State of Alabama?

YES _____ NO _____

Please state the number of additional locations. _____

10. If your answer is "yes", please list each of these locations, stating the business address of each location, and authorized delegates by each location. This exhibit should be marked Exhibit B and attached to this application.

DISCIPLINARY QUESTIONS

DEFINITIONS:

"Applicant" shall mean and include an individual applicant as well as the officers, directors and controlling persons of any proprietorship, corporation, partnership, limited liability corporation or joint stock association applicant.

1. In the past ten years has the applicant been convicted of or pleaded guilty or nolo contendere (“no contest”) to:

- (a) A felony or misdemeanor involving:
Investment or an investment-related business
Fraud, false statement, or omission
Wrongful taking of property or
Bribery, forgery, counterfeiting, or extortion

YES _____ NO _____

- (b) Any other felony?

YES _____ NO _____

2. Has any other federal regulatory agency or any state regulatory agency:

- (a) Ever found the applicant to have made a false statement or omission or been dishonest, unfair, or unethical?

YES _____ NO _____

- (b) Ever found the applicant to have been a cause of a money transmission business having its authorization to do business denied, suspended, revoked, or restricted?

YES _____ NO _____

- (c) In the past ten years, entered an order against the applicant in connection with a money transmission business?

YES _____ NO _____

- (d) Ever denied, suspended, or revoked the applicant’s registration or license, prevented it from associating with a money transmitter, or otherwise disciplined it by restricting its activities?

YES _____ NO _____

THE APPLICANT, BY THE EXECUTION OF THIS APPLICATION, ACKNOWLEDGES AND AGREES TO BE BOUND BY THE FOLLOWING CONDITIONS AND WARRANTIES:

1. Applicant agrees to operate the business in compliance with all orders, decisions or findings of the Alabama Securities Commission.

YES _____ NO _____

2. The Applicant agrees to maintain adequate records which disclose the true status of the Applicant's business, and will make such records available for examination, upon request, by representatives of the Alabama Securities Commission.

YES _____ NO _____

3. The Applicant agrees to maintain sufficient bank deposit balances at all times to cover the Applicant's liability on account of checks, drafts, money orders or other instruments for the transmission or payment of money or monetary value.

YES _____ NO _____

4. The Applicant agrees that, upon receiving a license under the Act, it will maintain a bank deposit account for the business for which this license application is being filed. Applicant will keep and maintain in this account, at all times, a minimum amount equal to all outstanding liabilities.

YES _____ NO _____

OBLIGOR AGENT QUESTIONNAIRE

The following information is to provide documentation that your business of transmitting money will be conducted honestly, fairly, equitably, carefully, and efficiently. The answers should be detailed and complete.

1. (a) Describe the process whereby this company will receive money, account for such receipt, safeguard such money, and transmit the money to the designated party.

(b) Do you maintain any form of general procedures manual? If so, please attach a copy to this application.
2. Describe the audit procedure used to verify the processing steps described in response to question 1(a). A statement from your accountant supporting this answer will be helpful and may be required.
3. Will a separate bank account be used for the deposit of the obligor's money and the transmittal of money to other parties?

Name and address of bank:

Account No: _____

SIGNATURE OF APPLICANT

For sole proprietor _____
(Proprietor)

For Partnership _____
(Name of partnership)

BY _____
(General Partner)

For Corporation, etc. _____

(Name of Corporation)

BY _____
(Name)

ITS: _____
(Title)

For Limited Liability Corporation, Limited Liability Partnership _____

BY _____
(Its Managing Member/Shareholder)

(Seal of Corporation)

This application must be executed by a principal officer, partner or principal on behalf of the Applicant. Please complete the attached Reference form with your application.

STATE OF _____

SS.

COUNTY OF _____

The undersigned being duly sworn deposes and says that he has executed the foregoing application for and on behalf of the applicant named therein, that he is _____ of such applicant and is fully authorized to execute and file such application; that he is familiar with such application; and that to the best of his knowledge, information and belief, the statements made in such application and the statements made in the exhibits submitted therewith, are true.

Subscribed and sworn to before me this _____
day of _____, 20____.

(Notary Public)

My commission expires: _____

REFERENCES

The following are the names and address of five references submitted on behalf of the Applicant for a license issued pursuant to the Alabama Money Transmission Act.

	<u>Name</u>	<u>Address</u>	<u>State</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____