FORM MTR

		(To be left blank	by all Applicants	s)			
Nam	e		Date Issued				
Loca	tion						
Class	sification						
		(To be filled in I	oy all Applicants))			
		CATION FOR RENEWA		<u>.</u>			
Alab PO B	STATE OF ALABAMA ama Securities Commission Box 304700 atgomery, AL 36130-4700			Date			
Mon payn	undersigned hereby makes appletary Transmissions Act, <u>Ala.</u> nent instruments, stored valuama. For the purpose of The name of the Applicant	Code Section 8-7A-1 ue, or receiving mon such application, t	, et. seq. to eng ey or monetary the undersigned	age in the bus value for trar I submits the	siness of selling or issuing nsmission in the State of e following information:		
2.	The address of the Applica	nt's principal office in	the State of Ala	oama is:			
	(street)	(city)	(county)	(state)	(zip)		
3.	If a foreign corporation, the address of the principal office of the corporation is:						
	(street)	(city)	(county)	(state)	(zip)		
4.	The trade name(s) under w	hich the Applicant pr	oposes to opera	te, if any, is:			
5.	Applicant's Email Address:						

6.	Has the Applicant undergone any change in name or ownership since filing its original application wit			
the (Commission? If so, describe any such changes:			
	GENERAL QUESTIONS			
1.	Are you now engaged in the business of selling, or issuing payment instruments, stored value instruments or other instruments for the transmission or payment of money?			
	YES NO			
2.	Are you now engaged in the business of receiving money or monetary value for transmission?			
	YES NO			
3.	Do you carry on, or engage in any other business?			
	YES NO			
	If the answer is "YES", describe the other businesses:			
	<i>'</i>			
4.	Do you operate at more than one location within the State of Alabama? YES NO			
	Number of additional locations			
	(a) In your answer is "YES", provide the address of the location, and state the name and business			
	address of the licensee or an authorized delegate of the licensee engaged in money			
	transmission located at each location. This exhibit should be marked Exhibit A 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.

A.		e past ten years has the est") to:	applicant beer	n convicted of or pleaded guilty or nolo contendere ("no
	(1)	A felony or misdeme Investment or an inve Fraud, false statemen Wrongful taking of po Bribery, forgery, cour	estment-relate nt, or omission roperty or	ed business
			YES	NO
	(2)	Any other felony?		
			YES	_ NO
В.	Has any other federal regulatory agency or any state regulatory agency:			
	(1)	Ever found the application unfair, or unethical?	cant to have n	nade a false statement or omission or been dishonest,
			YES	NO
	(2)			een a cause of a money transmission business having its d, suspended, revoked, or restricted?
			YES	_ NO
	(3)	In the past ten years transmission busines		rder against the applicant in connection with a money
			YES	NO
	(4)	•	th a money t	ed the applicant's registration or license, prevented it ransmission business, or otherwise disciplined it by
			YES	NO

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

A.	Applicant agrees to operate the business in compliance with all orders, decisions or findings of the Alabama Securities Commission.
	YES NO
B.	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 or representatives of the Alabama Securities Commission. YES NO
C.	The Applicant agrees to maintain sufficient bank deposit balances at all times to cover Applicant's liability on account of checks, drafts, money orders, traveler's checks, stored value instruments, or receiving or monetary value for transmission in the state of Alabama. YES NO
D.	Applicant agrees that upon receiving a license under the Act, it will maintain a bank deposit account for the payment of liabilities incurred in 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
	SIGNATURE OF APPLICANT
	For sole proprietor
	(Proprietor)
	For Partnership
	(Name of partnership)
	BY
	(General Partner)

(Seal of Corporation)		For Corporation, etc.		
		(Name of Corporation)		
		BY		
		(Name)		
		ITS:		
		For Limited Liability Corporation, Limited Liability Partnership		
		BY		
		(its Managing Member/Shareholder)		
This application must be	e executed by a princ	cipal officer, partner or principal on behalf of the Applicant.		
STATE OF				
		SS.		
COUNTY OF				
The undersigned and on behalf of the ap		eposes and says that he has executed the foregoing applications for n; that he is		
application; and that	to the best of his k	o execute and file such application; that he is familiar with such nowledge, information and belief, the statements made in such exhibits submitted therewith, are true.		
Subscribed and sworn t	o before me this			
day of	, 20			
(Notary	Public)			