



# STATE OF WYOMING

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## DEPARTMENT OF AUDIT

DIVISION OF BANKING  
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**Matthew H. Mead**  
Governor

**Jeffrey C. Vogel**  
Director

**Albert L. Forkner**  
Commissioner

### MONEY TRANSMITTER LICENSE RENEWAL APPLICATION

**Part  
One**



1. Licensee's name: \_\_\_\_\_
2. Licensee's Federal Employer Identification Number: \_\_\_\_\_
3. Licensee's Wyoming License Number: \_\_\_\_\_
4. Name and address of principal contact person:

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City and state: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

5. Licensee's principal business office:

Street address: \_\_\_\_\_

City and state: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

6. **Address at which licensee keeps its books and records (if different from answer to Question 5).**

Street address: \_\_\_\_\_

City and state: \_\_\_\_\_

Telephone number: \_\_\_\_\_

7. **Licensee is a(n): (Check appropriate classification)**

Individual                       Partnership

Association                       Joint Stock Association

Corporation                       LLC

8. **Type of money transmission activity conducted (mark all that apply):**

Checks                               Travelers Checks

Drafts                               Wire Transfers

Money Orders                       Other (explain): \_\_\_\_\_

Stored Value

9. **Money transmission sales are conducted through (mark all that apply):**

Company Owned Outlets

Independent Authorized Delegates

Other (explain): \_\_\_\_\_

10. **Submit the complete name and address of each location in Wyoming from which the licensee or its authorized delegates conducts money transmission sales.**

State the number of authorized delegate locations in Wyoming: \_\_\_\_\_.

**Part  
Two**

**INSTRUCTIONS:** Please check either “yes” or “no” in response to the following questions regarding changes since the last application or renewal. **IF THERE HAVE BEEN ANY CHANGES, PLEASE PROVIDE THE REQUESTED INFORMATION (Note that a response to the following does not constitute compliance with any separate statutory notice or reporting requirement):**

1. Have there been any changes in principal officers, directors, partners, or individuals with a 25% or more ownership interest in the licensee, since the previous renewal?

Yes                       No

If yes, please explain changes on a separate sheet, and include the name, title, business address and percentage ownership of each person who has acquired an ownership interest or become an officer or director of the licensee.

2. Has the licensee had its license suspended, revoked or renewal refused in any other state since the last application or renewal?

Yes                       No

If yes, please explain on a separate sheet.

3. Has the licensee been subject to any enforcement actions by its licensing authority in any other state since the last application or renewal?

Yes                       No

If yes, please explain on a separate sheet.

4. Has there been any material litigation involving the licensee initiated since the last application or renewal? Material litigation means litigation that, according to generally accepted accounting principles, is deemed significant to any licensee’s financial health and would be required to be referenced in its annual audited financial statements, report to shareholders or similar documents.

Yes                       No

If yes, describe the proceedings on a separate sheet.

5. Has there been any felony indictment or criminal conviction of any principal officer or partner of the licensee, or any individual with a 25% or more ownership interest in the licensee, since the last application or renewal?

Yes                       No

If yes, please explain on a separate sheet.

6. Have there been any substantive changes to the form of instruments issued by the licensee since the last application or renewal, if not previously provided?

Yes                       No

If yes, please provide a specimen if not previously provided.

7. Have there been any changes in the licensee's principal clearing banks, clearing bank address or account number since the last application or renewal?

Yes                       No

If yes, please list the name, address, contact name and account number on a separate sheet.

8. Have there been any material changes to the licensee's authorized delegate contract since the last application or renewal?

Yes                       No

If yes, please provide a copy.

9. Has there been any change to the licensee's internal auditor(s) since the last application or renewal?

Yes                       No

If yes, please provide the new contact name and phone number on a separate sheet.

10. Has the licensee, or any principal officer, director, partner, or individual with a 25% or more ownership interest in the licensee, filed a petition in bankruptcy or reorganization since the last application or renewal?

Yes

No

If yes, please describe the proceedings on a separate sheet, and provide a copy of the petition and a copy of the discharge, if applicable.

**Part  
Three**

1. **Submit the following:**

**A.** The most recent audited financial statements of the licensee, including balance sheet, statement of income, statement of stockholder's equity and statement of cash flow for the preceding year, prepared by an independent certified public accountant.

**B.** The most recent unaudited interim financial statements prepared for the licensee, dated no more than 120 days from the date of this application.

**C.** In the space provided below, state:

(1) The total dollar amount of the licensee's outstanding instruments and transmissions in Wyoming as of **June 30, 2012**.

(2) The total dollar amount of the licensee's outstanding instruments and transmissions in the U.S.A. as of **June 30, 2012**.

**Outstandings as of: June 30, 2012**

**State of Wyoming**

**Total U.S.A.**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

2. In the space below, provide the number and dollar amount of payment instruments sold/issued and money transmissions conducted by the licensee from \_\_\_\_\_ through the close of business \_\_\_\_\_ (12 month period):

**Within Wyoming    Total Within U.S.A.**

Number \_\_\_\_\_

Amount \_\_\_\_\_

3. **Submit a list of the licensee's permissible investments, and the book or market value of such investments, as of June 30, 2012:**
- A.) A certification by an independent certified public accountant that the licensee's permissible investments, at all times possess a book or market value calculated in accordance with generally accepted accounting principles, of not less than the aggregate dollar amount of all outstanding payment instruments issued or sold by the licensee in the United States.
4. **Submit proof of surety bond required under W.S. 40-22-106 and/or a list of deposits and other obligations maintained in lieu of all or part of the corporate surety bond, as authorized by statutes. For each deposit, please designate the amount of each deposit, the financial institution in Wyoming that is the depository, and the account number.**

<b>Part Four</b>	
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**Renewal Fees:**

1. Annual renewal fee is set at \$1,000.00, plus \$50.00 for each authorized delegate located in Wyoming, not to exceed \$6,000.00 total.

Amount Enclosed: \$ \_\_\_\_\_

**I certify that the foregoing responses are true, accurate and complete to the best of my knowledge and belief.**

Dated:

NAME OF LICENSEE:

\_\_\_\_\_

By: \_\_\_\_\_  
(Officer/Authorized Employee) (Title)  
(please print)

\_\_\_\_\_  
(Signature of Officer/Authorized Employee)

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**STATE OR COMMONWEALTH OF** \_\_\_\_\_  
**COUNTY /PARISH OF** \_\_\_\_\_

\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)  
notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)  
\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)  
application and that all statements and representations made therein are true and correct to the best of  
his/her knowledge, information and belief.

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)