



APPLICATION FOR CHECK CASHER PERMIT

California Department of Justice Bureau of Criminal Information and Analysis Check Casher Permit Program (CCPP) P.O. Box 160207 Sacramento, CA 95816-0207 (916) 210-4103	DOJ USE ONLY Received: _____ Fee: _____ OCA #: _____ Completed: _____
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A. APPLICANT INFORMATION: List all partners or corporate officers and shareholders with 10% or more ownership as indicated on the Statement of Information filed with the Secretary of State.

TYPE OF APPLICANT: (Check one) SOLE PROPRIETOR PARTNERSHIP CORPORATION

Name _____ Last _____ First _____ Middle _____ Title _____

_____ Date of Birth Social Security Number Driver License or CA ID Phone Number Email Address

Address _____ City _____ State _____ ZIP Code _____

PARTNERS/OFFICERS/SHAREHOLDERS

Name _____ (Last, First, Middle) Title _____ Date of Birth _____ Social Security Number _____

Name _____ (Last, First, Middle) Title _____ Date of Birth _____ Social Security Number _____

Name _____ (Last, First, Middle) Title _____ Date of Birth _____ Social Security Number _____

ATTACH ANOTHER SHEET FOR ADDITIONAL PARTNERS/OFFICERS/SHAREHOLDERS. CHECK BOX IF ANOTHER SHEET IS USED.

B. BUSINESS INFORMATION: ALL INFORMATION REQUESTED IN THIS SECTION, INCLUDING BUSINESS BANK INFORMATION, MUST BE PROVIDED.

Business Name (Doing Business As) _____ Main Type of Business _____

Business Address _____ City _____ State _____ ZIP Code _____ County _____

Mailing Address (if different than above) _____ City _____ State _____ ZIP Code _____ Business Phone Number _____

Name of Business Bank _____ ADDRESS OF BUSINESS BANK _____

Each additional location requires its own application.



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C. PARTNERSHIP/CORPORATE INFORMATION:

IS THE PARTNERSHIP OR CORPORATE NAME DIFFERENT FROM THE BUSINESS NAME? YES NO

If "YES", complete the following:

Partnership/Corporate Name _____ Phone Number _____

Partnership/Corporate Address _____ City _____ State _____ ZIP Code _____

D. ADDITIONAL INFORMATION:

1. Have any parties to this application ever been convicted of a criminal felony offense for any reason whatsoever?
 YES NO
2. Are any parties to this application NOT in compliance with a judgement or court order for family support?
 YES NO

If any of your answers to D.1 or D.2 was "YES", provide the following details where applicable. If two or more parties to this application answered "YES" to D-1 or D-2, each must complete a separate Section D.

Name of party: _____

Type and nature of violation(s): _____

City and state of violation(s): _____

Sentencing court: _____

Date of incarceration: _____

Dates of probation: _____

Conditions of probation: _____

Name, address, and phone number of probation officer: _____

E. CERTIFICATION:

I certify under penalty of perjury, pursuant to the laws of the State of California, to the truth and accuracy of all statements, answers, and representations made in the foregoing application, including all supplementary statements.

SIGNATURE OF OWNER/PARTNER/CORPORATE OFFICER _____ TITLE _____ DATE _____

MISREPRESENTATION OR FAILURE TO DISCLOSE REQUESTED INFORMATION ON THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION OF PERMIT.



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The information on this form, and if applicable, the Applicant Fingerprint Form (FD-258, Rev. 11-1-20) 1110-0046, is requested by the State of California, Department of Justice (DOJ), California Justice Information Services (CJIS) Division, Applicant Information and Certification Branch, for the purpose of applying to operate a check casher business in the State of California. The maintenance of the information collected on this form, and if applicable, the Applicant Fingerprint Form (FD-258, Rev. 11-1-20) 1110-0046, is authorized by Civil Code section 1789.37, subdivision (a), and Check Casher Regulations, title 11, division 1, chapter 13.5. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form, and if applicable, the Applicant Fingerprint Form (FD-258, Rev. 11-1-20) 1110-0046, must be provided. Failure to provide the requested information will result in a delay in processing and/or denial of the application.

Access to Your Information. You may review the records maintained by the Check Casher Permit Program (CCPP) in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process the information pertaining to operating a check cashing business in the State of California, we may need to share the information you give us with federal, state, city, county, government and/or law enforcement agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes; or
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the CCPP Program Analyst by email at chkcashpermit@doj.ca.gov, by phone at (916) 210-4103, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
Check Casher Permit Program
P.O. Box 160207
Sacramento, CA 95816-0207