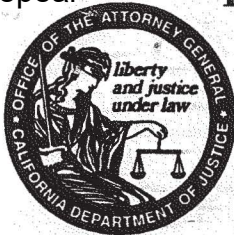


RENEWAL APPLICATION FOR CHECK CASHER PERMIT



PERMIT NO. _____	EXPIRATION DATE _____
OWNER(S) _____	
DBA _____	
ADDRESS _____	

AMOUNT DUE \$50

DUE DATE _____

INSTRUCTION: Use the enclosed envelope to mail the completed application and the fee, if required, to DOJ at the address in Part C.

PART A. WILL YOU BE OPERATING A CHECK CASHING BUSINESS UNDER THE ABOVE PERMIT AFTER ? YES NO

— IF "NO", SKIP TO PART D. NO FEE IS REQUIRED AND YOUR PERMIT WILL BE PLACED ON INACTIVE STATUS.

— IF "YES", COMPLETE PARTS B AND D. SUBMIT THE FEE AS DESCRIBED IN PART C.

DOJ USE ONLY

Postmarked: _____

Fee: _____

Completed: _____

PART B. BUSINESS INFORMATION

HAS ANY OF THE FOLLOWING INFORMATION CHANGED? IF "YES", PROVIDE THE NEW INFORMATION. EVERY ITEM MUST BE ANSWERED.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. BUSINESS NAME (DBA): _____
<input type="checkbox"/>	<input type="checkbox"/>	2. BUSINESS LOCATION: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. BUSINESS PHONE NO.: () _____
<input type="checkbox"/>	<input type="checkbox"/>	4. MAILING ADDRESS: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. BUSINESS BANK ACCOUNT NO.: _____
		NAME OF BANK: _____
		ADDRESS OF BANK: _____

IF YOU HAVE ANY QUESTIONS ABOUT YOUR RENEWAL, PLEASE CONTACT DOJ AT (916) 227-3250. ALLOW 2 - 4 WEEKS FOR ISSUANCE OF NEW PERMIT.

PART C. FEE

FEE DUE IF POSTMARKED ON OR BEFORE : \$50.00

***** LATE PAYMENT*****

TOTAL LATE PAYMENT IF POSTMARKED TO : \$75.00

AFTER , PERMIT WILL BE PLACED ON INACTIVE STATUS AND OWNER IS SUBJECT TO ALL LIABILITIES UNDER APPLICABLE LAW AND REGULATIONS.

MAKE CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF JUSTICE". BE SURE THE ADDRESS BELOW SHOWS THROUGH THE WINDOW ENVELOPE

**DEPARTMENT OF JUSTICE
CHECK CASHERS PERMIT PROGRAM
P.O. BOX 903387
SACRAMENTO, CA 94203-3870**

PART D. CERTIFICATION

I certify under the penalty of perjury under the laws of the State of California to the truth and accuracy of all of these statements and representations.

PRINT OR TYPE NAME (LAST, FIRST, MIDDLE) _____

SIGNATURE _____

TITLE _____ DATE _____