



RENEWAL APPLICATION FOR CHECK CASHER PERMIT

Permit Number: _____ Expiration Date: _____
Owner: _____
DBA: _____
Address: _____

AMOUNT DUE: \$50.00

DUE DATE: _____

INSTRUCTION: 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 THE DUE DATE LISTED ABOVE?

- YES:** Complete Parts B and D. Submit the fee as described in Part C.
- NO:** Skip to Part D. No fee is required and your Permit will be surrendered.

DOJ USE ONLY
Postmarked: _____
Fee: _____
Completed: _____

PART B: BUSINESS INFORMATION

I. HAS ANY OF THE FOLLOWING INFORMATION CHANGED? CHECK YES OR NO. IF "YES", PROVIDE THE NEW INFORMATION.

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

If you have any questions about your renewal, please contact DOJ at 916-210-4103. Allow 2-4 weeks for issuance of new permit.

PART C: FEE

FEE DUE IF POSTMARKED ON OR BEFORE \$50.00
TOTAL LATE PAYMENT IF POSTMARKED TO \$75.00

After _____, the Permit is revoked and the owner is subject to all liabilities under all applicable laws and regulations.

DO NOT DETACH...DO NOT DETACH...DO NOT DETACH...DO NOT DETACH...DO NOT DETACH...DO NOT DETACH

Permit Number: _____

MAKE CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF JUSTICE". THE ADDRESS BELOW MUST SHOW THROUGH THE WINDOW ENVELOPE.

**DEPARTMENT OF JUSTICE
CHECK CASHER PERMIT PROGRAM
P.O. BOX 160207
SACRAMENTO, CA 95816-0207**

PART D: CERTIFICATION (MUST BE COMPLETED)

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

PRINT OR TYPE NAME (FIRST, MIDDLE, LAST)

SIGNATURE (OWNER/PARTNER/CORPORATE OFFICER)

TITLE

DATE



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The information on this form 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 renewing a check casher business in the State of California. The maintenance of the information collected on this form 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 of the personal information requested in the form 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