



Check Cashers Permit Program (CCPP)  
P.O. Box 903387  
Sacramento, CA 94203-3870  
(916) 227-3250

<b>DOJ USE ONLY</b>	
Received:	_____
Fee:	_____
OCA #:	_____
Completed:	_____

## Application For Check Casher Permit

(PRINT OR TYPE YOUR RESPONSES)

**A. APPLICANT INFORMATION:**

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_ Home Phone Number

**B. BUSINESS INFORMATION:**

Business Name (Doing Business As) \_\_\_\_\_ Main Type of Business \_\_\_\_\_ (Month/Year): \_\_\_\_\_ Business Start Date \_\_\_\_\_

Street Address of Business \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_ Business Phone Number

BUSINESS BANK ACCOUNT #	NAME OF BANK	ADDRESS OF BANK

ATTACH ADDITIONAL SHEET FOR ADDITIONAL BUSINESS BANK ACCOUNTS. CHECK BOX IF ADDITIONAL SHEET IS USED.

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

IF SOLE PROPRIETOR, SKIP TO PART C. OTHERWISE, COMPLETE THE FOLLOWING INFORMATION ON: (1) PARTNERS, OR (2) CORPORATE OFFICERS AND SHAREHOLDERS WITH 10% OR MORE OWNERSHIP. (EXCLUDE APPLICANT LISTED IN PART A)

NAME (LAST, FIRST, MIDDLE)	TITLE	SOCIAL SECURITY NO.

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

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

IF "YES", COMPLETE THE FOLLOWING :

Partnership/Corporate Name \_\_\_\_\_ ( ) \_\_\_\_\_ Phone Number

Partnership/Corporate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**C. APPLYING FOR ADDITIONAL CHECK CASHING LOCATIONS:**

Does the same business entity listed in Part B (sole proprietorship/partnership/corporation) own any other check cashing businesses in California for which a permit has not been obtained?  YES  NO If "YES", complete the following:

Business Name (Doing Business As) \_\_\_\_\_ Main Type of Business \_\_\_\_\_ (Month/Year): \_\_\_\_\_  
Street Address of Business \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone Number \_\_\_\_\_

BUSINESS BANK ACCOUNT #	NAME OF BANK	ADDRESS OF BANK

ATTACH ADDITIONAL SHEET FOR ADDITIONAL BUSINESSES AND/OR BANK ACCOUNTS. CHECK BOX IF ADDITIONAL SHEET IS USED.

**D. ADDITIONAL INFORMATION:**

1. Have any parties to this application been convicted of any criminal offense (excluding MINOR traffic violations) 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", give all of the following details where applicable: name(s) of party; type and nature of violation(s); city and state of violation; name and location of court where case was heard; dates of imprisonment; dates of period of probation; conditions of probation; name, address, and phone number of probation officer.

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**E. CERTIFICATION:**

I certify under the penalty of perjury under 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 TITLE DATE

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

State of California  
Office of the Attorney General  
Department of Justice

Division of Criminal Justice Information Services  
Bureau of Criminal Information and Analysis  
Automated Systems Program

Check Cashier Permit Program (CCPP)  
P.O. Box 903387  
Sacramento, CA 94203-3870  
(916) 227-3250

## INFORMATION AND INSTRUCTIONS TO APPLICANT

PLEASE READ CAREFULLY

### WHO MUST APPLY:

- Every owner of a "check cashing business" in California, i.e., one that for compensation engages in the business of cashing checks, warrants, drafts, money orders, or other commercial paper serving the same purpose. "Check cashing business" does not include a state or federally chartered bank, savings association, credit union, or industrial loan company. "Check cashing business" also does not include a retail business, engaged primarily in the business of selling consumer goods to retail buyers, that cashes checks or issues money orders for a flat fee not exceeding two dollars (\$2) as an incidental service to its customers.
- Where the business is owned by an individual (sole proprietor), the owner must sign the application. Where the business is owned by a partnership or corporation, only one application needs to be submitted but it must be signed by one of the partners or officers who is authorized to sign for the partnership or corporation. All partners (for partnerships) or all officers and shareholders with 10% or more ownership (for corporations) must be indicated on the application.

NOTE: Disclosure of the social security numbers (SSN) of all parties to this application is mandatory. Both Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code.

- Where multiple check cashing businesses are owned by the same person or entity, only one application needs to be submitted. However, all additional business locations must be listed in Part C or on additional sheets if necessary. A permit, good for one year, will be issued for each business location.
- A renewal application must be submitted prior to the one-year expiration date of the permit. Renewal applications will be mailed to each business location at least 60 days before the permit expiration date.

### FINGERPRINT CARDS:

- Every party to this application (applicant/co-owner spouse/partner/corporate officer/shareholder with 10% or more ownership) must submit a completed 10-print fingerprint card.
- Fingerprint cards can be completed by a law enforcement agency and must be signed by the person fingerprinted.  
NOTE: Law enforcement agencies may charge for fingerprinting services.
- Two fingerprint cards are provided with this application. Additional fingerprint cards may be obtained from this office or from your local law enforcement agency.

**FEES:**

Use the worksheet below to compute the fees due with this application:

SOLE PROPRIETOR

(No. of check cashing businesses) X (\$50.00 processing fee per business location):	_____ x \$50.00	= _____
plus		
\$32.00 fee for California criminal history check:		= \$32.00
		<hr/> <hr/>
	Amount Due	= _____

For example, the fees for an individual who owns two (2) check cashing businesses in California are \$132.00 (2 times \$50.00 plus \$32.00 = \$132.00).

PARTNERSHIP OR CORPORATION

(No. of check cashing businesses) X (\$50.00 processing fee per business location):	_____ x \$50.00	= _____
plus		
(No. of partners/officers/10% shareholders) X (\$32.00 fee/person for California criminal history check):		
	_____ x \$32.00	= _____
		<hr/> <hr/>
	Amount Due	= _____

For example, the fees for a partnership of two (2) persons who own two (2) check cashing businesses in California are \$164.00 (2 times \$50.00 plus 2 times \$32.00 = \$164.00).

THE FEES ARE NOT REFUNDABLE. MAKE REMITTANCE PAYABLE TO "DEPARTMENT OF JUSTICE".  
DO NOT SEND CASH.

**MAIL YOUR COMPLETED APPLICATION TOGETHER WITH  
THE PROPER FEES AND COMPLETED FINGERPRINT CARD(S) TO:**

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