ECONOMIC IMPACT STATEMENT

DEPARTMENT NAME	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER		
Department of Justice	Marlon Martinez	Marlon.Martinez@doj.ca.gov	(213) 269-6437		
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400	1		NOTICE FILE NUMBER		
Check Casher Permit Program Regulatio					
A. ESTIMATED PRIVATE SECTOR COST IMPA	CTS Include calculations and	assumptions in the rulemaking record			
A. ESTIMATED PRIVATE SECTOR COST IMPA		rassumptions in the rulemaking record.			
1. Check the appropriate box(es) below to indicat					
$ \times $ a. Impacts business and/or employees		porting requirements			
b. Impacts small businesses		scriptive instead of performance			
c. Impacts jobs or occupations	g. Impacts ind				
d. Impacts California competitiveness	h. None of the	above (Explain below):			
If any box in Items 1	a through g is checked, co	mplete this Economic Impact Statement.			
		iscal Impact Statement as appropriate.			
Department of Justice					
2. The	estimates that the e	conomic impact of this regulation (which includes th	ne fiscal impact) is:		
X Below \$10 million					
Between \$10 and \$25 million					
Between \$25 and \$50 million					
Over \$50 million [If the economic impact is over \$50 million, agencies are required to submit a <u>Standardized Regulatory Impact Assessment</u> as specified in Government Code Section 11346.3(c)]					
	6 100				
3. Enter the total number of businesses impacted	6,100				
Describe the types of businesses (Include nonprofits): Check Casher					
Enter the number or percentage of total					
businesses impacted that are small businesses	4,200				
	0				
4. Enter the number of businesses that will be created: 0 eliminated: 0					
Explain: Minor changes to existing forms will not result in the creation or elimination of check casher businesses.					
5 Indicate the geographic extent of impacts: X Statewide					
	5. Indicate the geographic extent of impacts: 🔀 Statewide				
Local or regional (List areas):					
6. Enter the number of jobs created: 0	and eliminated: 0				
Describe the types of jobs or occupations impacted:					
7. Will the regulation affect the ability of California businesses to compete with other states by making it more costly to produce goods or services here?					
If VES, evoluin briefly					
If YES, explain briefly:					

ECONOMIC IMPACT STATEMENT (CONTINUED)

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В	• ESTIMATED COSTS Include calculations and assumptions in	the rulemaking record.				
1	. What are the total statewide dollar costs that businesses and ind	ividuals may incur to comply with this regul	ation over its lifetime? $$ \$ $$ 0			
	a. Initial costs for a small business: \$0					
	b. Initial costs for a typical business: \$					
		Annual ongoing costs: \$ 0				
	d. Describe other economic costs that may occur: N/A					
2	. If multiple industries are impacted, enter the share of total costs	for each industry: N/A				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
3	. If the regulation imposes reporting requirements, enter the annual costs a typical business may incur to comply with these requirements. Include the dollar costs to do programming, record keeping, reporting, and other paperwork, whether or not the paperwork must be submitted. \$0					
4.	Will this regulation directly impact housing costs? 🔲 YES	X NO				
		 the annual dollar cost per housing unit: \$				
		Number of units:				
5.	Are there comparable Federal regulations?	X NO				
	Explain the need for State regulation given the existence or abser	nce of Federal regulations:				
	Enter any additional costs to businesses and/or individuals that m	nay be due to State - Federal differences: \$				
c.	ESTIMATED BENEFITS Estimation of the dollar value of benef	its is not specifically required by rulemaking	a law, but encouraged.			
1	. Briefly summarize the benefits of the regulation, which may inclu health and welfare of California residents, worker safety and the	ide among others, the State's environment: This rulemaking	action will benefit applicants by			
	amending outdated regulations and codifying up	dated forms to align with the De	partment's current application process.			
2.	Are the benefits the result of: 🔄 specific statutory requirement	s, or 🔲 goals developed by the agency b	ased on broad statutory authority?			
	Explain:					
2						
3	. What are the total statewide benefits from this regulation over it	s lifetime? \$ 0				
4	4. Briefly describe any expansion of businesses currently doing business within the State of California that would result from this regulation: N/A					
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D	ALTERNATIVES TO THE REGULATION Include calculations specifically required by rulemaking law, but encouraged.	and assumptions in the rulemaking record.	Estimation of the dollar value of benefits is not			
1	. List alternatives considered and describe them below. If no alterr	natives were considered, explain why not:	No other alternatives were considered			
	as the Department has determined that the prope	osed regulation amendments are	the most effective way to implement a			
	a check casher permit application process.					

ECONOMIC IMPACT STATEMENT (CONTINUED)

			NOMIC IMPACT STA		
2. Summarize the	total statewide c	osts and benef	its from this regulation and each	alternative considered:	
Regulation:	Benefit: \$	0	Cost: \$ <mark>0</mark>		
Alternative 1:			Cost: \$ N/A		
Alternative 2:			Cost: \$ N/A		
			relevant to a comparison ation or alternatives: <u>N/A</u>		
regulation mai	ndates the use o	f specific techr	r performance standards as an a nologies or equipment, or presc ndards considered to lower cor	ribes specific	NO
Explain: As re	equired by sta	atute, the D	epartment must prescrib	e forms that applicants mus	t complete to obtain a check
casher perr	nit.				
E. MAJOR REGU	LATIONS Includ	de calculations	and assumptions in the rulem	akina record.	
			-	PA) boards, offices and departs	ments are required to
			e i i	Code section 57005). Otherwis	-
1. Will the estima	ted costs of this r	egulation to Ca	lifornia business enterprises exc	eed \$10 million? YES	NO
			If YES, comple If NO, sk		
2. Briefly describe	each alternative	, or combinatio	on of alternatives, for which a cos	t-effectiveness analysis was perform	ned:
Alternative 1:					
Alternative 2:					
(Attach additior	nal pages for othe	r alternatives)			
3. For the regulat	tion, and each alt	ernative just de	escribed, enter the estimated tot	al cost and overall cost-effectivenes	s ratio:
Regulation:		,	Cost-effectivene		
Alternative 1:	Total Cost \$		Cost-effectiven	ess ratio: \$	
Alternative 2:	Total Cost \$		Cost-effectivene	ess ratio: \$	
exceeding \$50	million in any 12	-month period			als located in or doing business in California the Secretary of State through12 months
YES	X NO				
			<u>dized Regulatory Impact Assessm</u> ude the SRIA in the Initial Stateme		
5. Briefly describe	the following:				
The increase o	r decrease of inve	estment in the S	State:	N/A	
The incentive f	or innovation in	products, mate	rials or processes:	N/A	

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FISCAL IMPACT STATEMENT

	FISCAL EFFECT ON LOCAL GOVERNMENT Indicate current year and two subsequent Fiscal Years.	e appropriate boxes 1	through 6 and attach calculat	ions and assumptions of fiscal impact for the		
	1. Additional expenditures in the current State Fiscal Year which are reimbursable by the State. (Approximate) (Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code).					
	\$					
	a. Funding provided in					
	Budget Act of					
	b. Funding will be requested in the Governor's Bu	udget Act of				
		Fiscal Year:				
	2. Additional expenditures in the current State Fiscal A (Pursuant to Section 6 of Article XIII B of the Californ					
	\$		· 6			
	Check reason(s) this regulation is not reimbursable and p		information:			
	b. Implements the court mandate set forth by the			Court.		
	Case of:		VS			
	c. Implements a mandate of the people of this Sta	ate expressed in their	approval of Proposition No. –			
	Date of Election:					
	d. Issued only in response to a specific request fro	om affected local entit	y(s).			
	Local entity(s) affected:					
	e. Will be fully financed from the fees, revenue, et	tc. from:				
	Authorized by Section:		of the	Code;		
	f. Provides for savings to each affected unit of loc	cal government which	will, at a minimum, offset any	additional costs to each;		
	g. Creates, eliminates, or changes the penalty for	a new crime or infract	ion contained in			
	3. Annual Savings. (approximate)					
	\$					
	4. No additional costs or savings. This regulation makes	only technical, non-sul	ostantive or clarifying changes	to current law regulations.		
\mathbf{X}	5. No fiscal impact exists. This regulation does not affect	t any local entity or pro	gram.			
	6. Other. Explain					

FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and attach calculat year and two subsequent Fiscal Years.	ions and assumptions of fiscal impact for the current
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
It is anticipated that State agencies will:	
a. Absorb these additional costs within their existing budgets and resources.	
b. Increase the currently authorized budget level for theFiscal Year	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
\times 3. No fiscal impact exists. This regulation does not affect any State agency or program.	
4. Other. Explain	
C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate boxes 1 through impact for the current year and two subsequent Fiscal Years.	4 and attach calculations and assumptions of fisca
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
\times 3. No fiscal impact exists. This regulation does not affect any federally funded State agency or program.	
4. Other. Explain	
FISCAL OFFICER SIGNATURE	DATE
Chris Ryan Digitally signed by Chris Ryan Date: 2022.11.10 14:54:48 -08'00'	
The signature attests that the agency has completed the STD. 399 according to the instructions in the impacts of the proposed rulemaking. State boards, offices, or departments not under an Agence	
highest ranking official in the organization. AGENCY SECRETARY	DATE
CR Finance approval and signature is required when SAM sections 6601-6616 require completion of	Fiscal Impact Statement in the STD, 399.
DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER	DATE
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