

STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA

APPLICATION FOR ADDITIONAL CHECK CASHING LOCATION

This application can only be submitted by entities that hold a current license and are applying for an additional location under the same legal entity.

- A \$50 nonrefundable application fee per location, in the form of a check or money order payable to the Office of Financial Institutions.
- A completed, signed, Application. All blanks must be completed.

A separate, complete Additional Location Application and appropriate fees must be submitted for each location applied for.

It is a violation of state law to charge a fee of \$2.00 or more for cashing a check before a license is issued. Doing so prior to the effective date on the face of the license may subject you to an enforcement action.

Contact person regarding this application: Destry Graves (225) 922-0638 or dgraves@ofi.louisiana.gov

Applications submitted via U.S. Postal Service should use this address:

Office of Financial Institutions
P. O. Box 94095
Baton Rouge, LA 70804-9095

Applications submitted via overnight service or hand delivered should use this address:

Office of Financial Institutions
8660 United Plaza Blvd – 2nd Floor
Baton Rouge, LA 70809

REVISED
03/19/2012

**STATE OF LOUISIANA
ADDITIONAL CHECK CASHING LOCATION
APPLICATION**

1.	Full legal name of applicant:	Parent No:		
2.	Trade name, dba, or assumed name of applicant, if applicable:	FED. TAX I.D.#:		
3.	Physical Address of Additional Location:			
	City:	State:	Zip Code:	Parish:
	Phone Number:		Fax Number:	
4.	Physical address of location at which the official books and records of this additional location are kept:			
	City:	State:	Zip Code:	Phone No:
5.	Mailing address:			
	City:	State:	Zip Code:	
6.	Person authorized to answer questions pertaining to this application:			
	Name:		Contact Phone No.:	
	E-Mail Address:		Fax No:	
7.	Opening Date:			

The undersigned affirms that he/she has the authority to sign such application; all answers made in this application are true, correct, and complete and are made for the purpose of securing the license indicated herein. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Louisiana Office of Financial Institutions, and could result in other legal action.

Signature of Authorized Person

Title