



## APPLICATION FOR CHECK CASHER PERMIT

<p>California Department of Justice Bureau of Criminal Information and Analysis Check Casher Permit Program (CCPP) P.O. Box 160207 Sacramento, CA 95816-0207 (916) 210-4103</p>	<p><b>DOJ USE ONLY</b></p> <p>Received: _____</p> <p>Fee: _____</p> <p>OCA #: _____</p> <p>Completed: _____</p>
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**A. OWNERSHIP INFORMATION: List all partners or corporate officers and shareholders with 10% or more ownership as indicated on the Statement of Information filed with the Secretary of State.**

Type of Ownership (Check one)     Sole Proprietor     Partnership     Corporation

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Title \_\_\_\_\_

Male  
 Female    Date of Birth \_\_\_\_\_    Social Security Number \_\_\_\_\_    Driver License or CA ID \_\_\_\_\_    Home Telephone Number \_\_\_\_\_    E-mail Address \_\_\_\_\_

Address \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip Code \_\_\_\_\_

**PARTNERS/OFFICERS/SHAREHOLDERS**

Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____
Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____
Name _____	(Last, First, Middle)	Title _____	Date of Birth _____	Social Security Number _____

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

**B. BUSINESS INFORMATION: All information requested in this section, including business bank information, must be provided.**

Business Name (Doing Business As) \_\_\_\_\_    Main Type of Business \_\_\_\_\_    Date of Ownership \_\_\_\_\_    Month \_\_\_\_\_    Year \_\_\_\_\_

Address \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip Code \_\_\_\_\_    County \_\_\_\_\_

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

Name of Business Bank \_\_\_\_\_    Address of Business Bank \_\_\_\_\_

ATTACH ANOTHER SHEET FOR ADDITIONAL BUSINESS LOCATIONS.    CHECK BOX IF ANOTHER SHEET IS USED.



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### C. PARTNERSHIP/CORPORATE INFORMATION:

Is the partnership or corporate name different from the business name?  Yes  No

If "Yes", complete the following:

Partnership/Corporate Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Partnership/Corporate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### D. ADDITIONAL INFORMATION:

1. Have any parties to this application ever been convicted of a criminal felony or misdemeanor offense for any reason whatsoever (excluding MINOR traffic violations)?  
 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", provide the following details where applicable. If two or more parties to this application answered "YES" to D-1 or D-2, each must complete a separate Section D.**

Name of party: \_\_\_\_\_  
Type and nature of violation(s): \_\_\_\_\_  
City and state of violation(s): \_\_\_\_\_  
Sentencing court: \_\_\_\_\_  
Date of incarceration: \_\_\_\_\_  
Dates of probation: \_\_\_\_\_  
Conditions of probation: \_\_\_\_\_  
Name, address, and phone number of probation officer: \_\_\_\_\_

### E. CERTIFICATION:

I certify under penalty of perjury, pursuant to 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 of Owner/Partner/Corporate Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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



## APPLICATION FOR CHECK CASHER PERMIT

### 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 applying to operate 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 (a) and Check Cashier 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 Department of Justice's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All 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 Department of Justice 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 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;
- 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 by e-mail at [chkcashpermit@doj.ca.gov](mailto: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  
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