

**STATE OF LOUISIANA  
OFFICE OF FINANCIAL INSTITUTIONS  
BATON ROUGE, LOUISIANA**

**APPLICATION FOR CHANGE OF CONTROL IN OWNERSHIP  
OF A CHECK-CASHING LICENSEE**

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The Louisiana Legislature passed Act 767 during the 2006 Regular Session. The pertinent change of control provisions of the Act are found in Section 1004(D) of the Louisiana Check-Cashing Law which is attached for your review.

Prior to any change of control of the licensee including an acquisition of greater than 50 percent, this Change of Control Application must be submitted along with all of the necessary documents for consideration by the commissioner. The applicant must receive the commissioner's written approval before the acquisition.

All of the following information must be submitted before this application will be accepted for filing and processing:

**FEES:**

- \$300 change of control fee payable to the Office of Financial Institutions.
- \$42.50 fee per person for criminal background investigation.

**ATTACHMENTS:**

- Proposed date for change, including names of all parties involved.
- Change of control application signed by an authorized representative and properly notarized.
- Authority to Obtain Information from Outside Sources form (**Attachment B**), properly notarized and personal information forms (**Attachments C and D**) for each person listed in question 7.
- Two sets of original fingerprints on fully completed Form FD 258 fingerprint cards, or equivalent, for each new owner, new executive officer and new director. Fingerprint cards can be obtained from your local law enforcement office.
- LA State Police Bureau of Criminal Identification & Information form for each person submitting fingerprints. All blanks concerning the individual must be completed.
- Subsidiaries of parent companies must submit Authority to Obtain Information forms and fingerprint cards for each natural person who is a 10% or greater equity owner of the parent.
- Provide an organizational chart indicating percentage ownership if licensee will be a subsidiary.
- Copy of Board Resolution and Act of Sale.

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**Applications may be hand delivered or mailed to:**

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

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

State of Louisiana  
Office of Financial Institutions  
Consumer Credit Division  
P. O. Box 94095  
Baton Rouge, LA 70804-9095  
(225) 922-0638

**APPLICATION FOR CHANGE OF CONTROL IN OWNERSHIP OF A  
CHECK CASHING LICENSEE**

Pursuant to the provisions of LSA-R.S. 6:1004(D), application is hereby made to the Commissioner of Financial Institutions for the change of control in ownership of a licensee engaged in the business of cashing checks under the provisions of the Louisiana Check Cashing Law (LSA-R.S. 6:1001, et seq).

1. Full legal name of business: \_\_\_\_\_  
\_\_\_\_\_
2. Trade name of business or dba, if applicable: \_\_\_\_\_  
\_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Business Telephone Number: ( ) \_\_\_\_\_  
Business Fax Number: ( ) \_\_\_\_\_
5. Federal Employer Identification Number: \_\_\_\_\_
6. Provide person authorized to answer questions pertaining to this application:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

7. Complete the following table for all principal officers and title held, directors, partners, members and all other 10 percent or greater equity owners. (All persons listed in Question 7 under new ownership must complete Attachments A & B, if needed make additional copies prior to completing this form)

<b>Ownership before Change of Control</b>	<b>Ownership after Change of Control</b>
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____

8. Has the applicant, any of the principals, or any person with power to direct the management or policies of the applicant:

a. Ever been arrested, charged, indicted, convicted or had other disposition, of any criminal charge under any state or federal law other than a traffic violation? As used therein, "convicted" means a finding of guilt, including a plea of guilt or of nolo contendere, or imposition of sentence, or both. Including any which may have been expunged, set aside or which the person received a first offender pardon.

Yes  No If the answer is yes, provide complete details.

b. Ever been held liable for fraud in any civil suit?

Yes  No If the answer is yes, provide complete details.

9. Provide registered agent for service of legal process:

**This should be the same as filed with the Louisiana Secretary of State:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

10. Do you understand that any false or misleading statement made in this application may be grounds for denial, revocation or suspension of the consumer loan/insurance premium finance license?

Yes\_  No

# APPLICATION AFFIDAVIT

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Company

By:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title

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**STATE OR COMMONWEALTH OF** \_\_\_\_\_  
**COUNTY /PARISH OF** \_\_\_\_\_

\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)

notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)

application and that all statements and representations made therein are true and correct to the best of  
his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of the authorized person

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_

**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 7**

Name:	Social Security #:
Home Address:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	( ) Yes, attach explanation ( ) No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon?	( ) Yes, attach explanation ( ) No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	( ) Yes, attach explanation ( ) No
Have you been discharged for cause or been requested to resign from any employment position?	( ) Yes, attach explanation ( ) No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( ) Yes, attach explanation ( ) No
Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	( ) Yes, attach explanation ( ) No
Have any civil judgments been entered against you during the past 10 years?	( ) Yes, attach explanation ( ) No
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau, current and former employers, law enforcement agency and any other person or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, education background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination for the purpose of determining my financial responsibility, character and fitness in connection with any renewal or application for a license or registration. I affirm that I have executed this form of my own free will and have read and understand the items and instructions; my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. <b>FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OR REVOCATION.</b>	
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.	
_____	
Signature	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____,	_____
(CITY)	(STATE or COMMONWEALTH)
<b>PRINT NAME OF NOTARY PUBLIC:</b>	<b>SIGNATURE OF NOTARY PUBLIC:</b>





**Bureau of Criminal Identification and Information  
Baton Rouge, Louisiana**

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*

\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

**Louisiana Office of Financial Institutions**

FACILITY OR AGENCY

**Robert F. Brian**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**P.O. Box 94095**

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**Baton Rouge, Louisiana 70804**

CITY

STATE

ZIP CODE

**(225) 925-4660**

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- |  |   |
|--|---|
| <input type="checkbox"/> ADULT DAY CARE                                      | <input type="checkbox"/> MEDICAL EXAMINERS                                  |
| <input type="checkbox"/> ADULT RESIDENTIAL                                   | <input type="checkbox"/> NURSING HOME                                       |
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION                     | <input type="checkbox"/> OCS FOSTER/ADOPTIVE                                |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET                             | <input type="checkbox"/> OCS PERSONNEL                                      |
| <input type="checkbox"/> AMBULANCE SERVICE                                   | <input checked="" type="checkbox"/> <b>OFFICE OF FINANCIAL INSTITUTIONS</b> |
| <input type="checkbox"/> CASA  | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH                            |
| <input type="checkbox"/> CONCEALED HANDGUNS                                  | <input type="checkbox"/> PHARMACY BOARD                                     |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE                           | <input type="checkbox"/> POSTSECONDARY EDUCATION                            |
| <input type="checkbox"/> DAYCARE   | <input type="checkbox"/> PRACTICAL NURSING                                  |
| <input type="checkbox"/> DENTISTRY BOARD                                     | <input type="checkbox"/> PRIVATE ADOPTION                                   |
| <input type="checkbox"/> DEPARTMENT OF LABOR                                 | <input type="checkbox"/> PRIVATE INVESTIGATORS                              |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY                         | <input type="checkbox"/> PRIVATE SECURITY                                   |
| <input type="checkbox"/> EMPLOYERS   | <input type="checkbox"/> PUBLIC HOUSING                                     |
| <input type="checkbox"/> FIREFIGHTERS  | <input type="checkbox"/> PUBLIC TAG AGENT                                   |
| <input type="checkbox"/> GAMING  | <input type="checkbox"/> REGISTERED NURSING                                 |
| <input type="checkbox"/> HOME HEALTH AGENCY                                  | <input type="checkbox"/> RELIGIOUS ACTIVISTS                                |
| <input type="checkbox"/> HOSPICE   | <input type="checkbox"/> RIVERBOAT PILOTS                                   |
| <input type="checkbox"/> IMMIGRATION   | <input type="checkbox"/> SCHOOL   |
| <input type="checkbox"/> INTERMEDIATE CARE FACILITY FOR<br>MENTALLY RETARDED | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS                    |
| <input type="checkbox"/> JUVENILE DETENTION CENTER                           | <input type="checkbox"/> TAXI DRIVERS                                       |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE                             | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION                      |
| <input type="checkbox"/> MANUFACTURED HOUSING                                | <input type="checkbox"/> VOLUNTEERS WORKING WITH CHILDREN                   |

APPLICANTS FULL NAME: \_\_\_\_\_

\*\*\*\*PRINT - USE INK\*\*\*\*

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_ \_ \_ - \_ \_ - \_ \_ \_ \_

DATE OF BIRTH: \_ \_ / \_ \_ / \_ \_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

TYPE OF OFI LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.

## **LSA-R.S.6:1004 (D)**

D. (1) No person shall acquire or control a license through the acquisition or control of more than fifty percent of the ownership interest in a licensee without first having obtained written approval from the commissioner, pursuant to an application for a change of control in ownership of the licensee, filed in the manner and on a form prescribed by the commissioner and accompanied by a fee of three hundred dollars. Any person who acquires controlling interest in a licensee without first having filed an application for change of control with the commissioner shall be deemed to be operating without proper authority and subject to the penalties of this Part.

(2) For the purposes of this Section, a person acquires or controls the licensee when at least one of the following conditions exists:

(a) The person, directly or acting through one or more other persons, owns, controls, or has the power to vote more than fifty percent of any class of stock of the corporation.

(b) The person controls in any manner the election of a majority of the directors of the corporation.

(c) The commissioner determines, after notice and an opportunity for hearing, that the person directly or indirectly exercises a controlling influence over the management or the policies of the licensee.

(3) When the licensee is a limited liability company or a limited liability partnership, the licensee is acquired or controlled if one of the following occurs:

(a) There is a change of members or general partners.

(b) An existing member or general partner acquires or controls the licensee as provided in Paragraph (2) of this Subsection.

(c) The commissioner determines that there has been a significant change in the membership or partnership interests, including but not limited to a change in ownership or control, directly or indirectly affecting twenty-five percent or more of the total interest of the licensee.

(4) A corporation that is a licensee shall notify the commissioner within sixty days of a stockholder becoming a principal stockholder, which is defined for purposes of this Section as owning ten percent or greater of the outstanding stock of the corporation.