



APPLICATION FOR PERMISSION TO ACQUIRE CONTROL OF A MONEY TRANSMITTER LICENSEE

Please provide notice to our office at least 60 days prior to acquisition per K.S.A. 9-509(c).

*A fee in the amount of \$1,000 will be assessed for this application. **Please submit payment, along with the completed form** to the:*

**OFFICE OF THE STATE BANK COMMISSIONER
700 SW JACKSON STREET, SUITE 300
TOPEKA, KS 66603**

1. Name and Address of Applicant: _____

2. Name of Money Transmitter Licensee: _____
Address, City, State, Zip: _____
3. The applicant currently holds _____ shares (____%) of the voting stock of, or _____% ownership interest in the company.
4. Please provide the following in a separate attachment:
 - Completed NMLS KS Money Transmitter License Amendment Checklist
 - Name(s) of each person by whom or on whose behalf the acquisition is to be made.
 - Business background and experience of each person by whom or on whose behalf the acquisition is to be made including any material pending legal or administrative proceedings, criminal indictments or convictions by a state or federal court.
 - Financial statement for each person by whom or on whose behalf the acquisition is to be made, as of the two most recent fiscal years (Audited if a corporation, certified by owner if individual).
 - Copy of all applicable purchase agreements, plans or proposals which any acquiring party making the acquisition may have to liquidate the money transmitter, to sell its assets or merge it with any company or to make any other major change in its business or corporate structure or management.
 - Organization chart showing both pre-acquisition and post-acquisition changes.
5. Has the applicant or any of its affiliates (or former affiliates), principals, directors, officers, members, trustees or partners applied for a license with this Office within the last ten years?
Yes ____ No ____ If yes, attach complete details of the outcome of the application including dates of approval, denial or withdrawal.
6. Has the applicant or any of its affiliates (or former affiliates), principals, directors, officers, members, trustees or partners ever been refused a license to engage in any business or had any such license suspended or revoked by any state or federal agency, or surrendered a license in lieu of threatened or pending license revocation, license suspension or other regulatory or enforcement action?

Yes ____ No ____ If yes, attach complete details of the refusal, suspension or revocation.

7. Has the applicant or any of its affiliates (or former affiliates), principals, directors, officers, members, trustees or partners ever entered into, or otherwise agreed to the entry of, a settlement or consent order, decree, or agreement with or by a state or federal regulatory agency, or has any state or federal regulatory agency ever (i) imposed a fine upon such person or entity, (ii) required any such person or entity to make restitution or refunds to consumers in excess of \$20,000, (iii) ordered any such person or entity to cease and/or desist from engaging in a particular act or practice, or (iv) taken any other regulatory or enforcement action against any such person or entity (excluding license revocation or suspension addressed in Question 6)?

Yes ____ No ____ If yes, please provide complete details.

8. Provide notice of any changes necessary to update the surety bond and/or update the licensee's status with the Kansas Secretary of State's office.

9. In addition, fingerprints/criminal background check(s) will be required of each new owner/officer/director. Please submit all criminal background checks (CBCs) through the NMLS and grant Kansas authorization to view CBC results.

10. All inquiries concerning this application may be directed to:

Jim Payne, Director of Licensing

700 SW Jackson St., Ste. 300

Topeka, KS 66603

785-296-1877

Jim.Payne@osbckansas.org

CERTIFICATION

The undersigned, being duly sworn, states that he/she has executed the foregoing application for the Kansas Office of the State Bank Commissioner; that he/she has the authority to execute and file such application; and that to his/her knowledge, information and belief, such application contains no misstatement of a material fact nor omits a material fact.

Name (Type or Print)

Signature

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

Registration Number of Notary: _____

My Commission Expires: _____