

**State of South Carolina**  
**SC State Board of Financial Institutions**  
**Consumer Finance Division**  
**1205 Pendleton Street, Suite 306**  
**Columbia, SC 29201**  
**Phone: (803) 734-2020**  
**Fax: (803) 734-2025**  
[www.consumerfinance.sc.gov](http://www.consumerfinance.sc.gov)

**INSTRUCTIONS FOR APPLYING FOR A CHECK CASHING LEVEL I AND LEVEL II LICENSE**

Pursuant to SC §34-41-20 (a) No person or other entity may engage in the business of either Level I or Level II check-cashing service without first obtaining a license pursuant to this chapter. No person or other entity providing a Level I or Level II check-cashing service may avoid the requirements of this chapter by providing a check or other currency equivalent instead of currency when cashing payment instruments.

Pursuant to SC §34-41-10(3) “Level I check-cashing service” means any person or entity engaged in the business of cashing checks, drafts, or money orders for a fee, service charge, or other consideration. This license type can only be applied for if deferred presentment license is obtained.

Pursuant to SC §34-41-10(4) “Level II check-cashing service” means any person or entity engaged in the business of cashing checks, drafts, or money orders for a fee, service charge, or other consideration. A Level II licensee may not be licensed to engage in the business of deferred presentment.

The original Level I or Level II Check Cashing application form and all attachments must be mailed to the Division. A copy of the form should be retained by the applicant. The application must be submitted with **original signatures**. The application cannot be a photocopy, submitted electronically or by facsimile transmission. Send the application fee of \$250.00 (non-refundable) and the investigation fee of \$500.00(non-refundable) for each application. One check may be submitted for \$750.00 payable to the Consumer Finance Division. Money orders or checks (in the applicant’s name) are acceptable forms of payment.

Mailing Address:  
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SCBFI Office Use Only

Check# \_\_\_\_\_ Check Amt.\$ \_\_\_\_\_

Master App Log# \_\_\_\_\_ CK Log# \_\_\_\_\_

Process: \_\_\_\_\_

Assign for Investigation \_\_\_\_\_

**APPLICATION FOR LEVEL I OR LEVEL II  
 CHECK CASHING LICENSE**

Pursuant to Title 34-41-10 Code of Laws of South Carolina  
<http://www.scstatehouse.gov>

**\*\*ONLY ONE LICENSE PER APPLICATION\*\***

**Check the box for the license that you wish to apply for.**

- Level I Check Cashing - Regular check cashing  
 Operating in a Deferred Presentment office  
 No sale of goods allowed  
 To apply, must also apply for Deferred  
 Presentment license on separate form
- Level II Check Cashing - Regular check cashing  
 No Deferred Presentment allowed  
 OK to sell goods and services

The application must be printed legibly or completed using the PDF form. The form with original signatures must be mailed to the Consumer Finance Division at the address listed above.

(1) Name of applicant (Corporation, Partnership or Individual, etc.):

Phone:

FAX:

Email:

(2) Mailing address of applicant:

(3) Operating name and street address of business to be conducted under license herein applied for (if applying for more than one location, attach a list of the addresses to be licensed:

(4) Name and address of person or agent in South Carolina upon whom process may be served :

**(5) Attach a current managerial chart. For each officer, director, partner, office manager or anyone with a 5% or more ownership in the business submit the following: full name, official title, residence address, business address, date of birth, social security number and other occupation (if any). Please provide information for the past 5 years. If additional space is needed attach a separate sheet.**

**(6) Has this corporation or any person listed in item (5) been convicted of a felony or misdemeanor involving fraud, misrepresentation, or deceit in the last ten years. Yes or No (If yes, give details):**

**(7) Has this corporation or any person listed in item (5) been the subject of any proceeding in this or any other state, to cancel, suspend or revoke a lending license or any proceeding in which a regulatory authority or law enforcement agency alleged a violation of state or federal law? Yes or No (If yes, give details):**

**(8) Does any member, officer, director or employee of your organization have an interest in or a connection with any other license issued by this office?**

**(9) Give full details of any business, other than check cashing or deferred presentment, which will be conducted in this office:**

**(10) Person to be contacted who has complete knowledge of this application and can answer all inquiries:**

**A. Name:**

**B. Address:**

**C. Phone:**

**Fax:**

**E-Mail:**

**(11) Give name, address, email and fax /phone number of a person to send any future complaints that may be filed by a consumer concerning this company.**

**Name:**

**Address:**

**Phone:**

**Fax:**

**E-mail:**

(12) List the states in which the applicant/parent/holding company provides financial services under any name in any state. (If not licensed in any other state, write NOT OPERATING IN ANY OTHER STATE.)

For each state listed, complete the Request for Information Form. This form is downloadable on the Division's website [www.consumerfinance.sc.gov](http://www.consumerfinance.sc.gov). On the "Instructions to Applicant" page enter the state, sign, and date. On the "Request for information on Applicant" page enter the name, address, state, date licensed, expiration date, license number and the type of license as the company is licensed in the other state(s). (Note: The bottom portion #1-8 will be completed by the state agency the company is licensed in.) Send the forms to each appropriate state along with a postage paid envelope addressed to Consumer Finance Division, 1205 Pendleton Street, Suite 306, Columbia, SC 29201. (Note: Current licensees requesting additional licenses must resubmit the Request for Information form every 2 years).

(13) Attach a copy of one of the following:

1. Corporate Charter if incorporated
2. Operating Agreement and Articles of Organization if a LLC
3. Partnership Agreement if partnership

(14) Attach a copy of a Certificate of Authority to do business in South Carolina issued by the South Carolina Secretary of State. 803-734-2158.

(15) Attach a current financial statement and a current bank statement (within 30 days) showing liquid assets of at least \$50,000 are available for operation of business in South Carolina for each application submitted. Funds cannot be comingled with lottery funds and the applicant must maintain the \$50,000 as long as the license is held. The bank statement must be in the applicant's name and include the following: Date, Bank name, Bank address, city, state, and zip, account holder name, last 4 digits of account number, account holder address, city, state, and zip, and liquid assets of \$50,000 for each application submitted. (Printed copies from the internet that does not include the above will not be acceptable.)

(16) Submit the Federal Identification Number if Corporation, LLC or Partnership. Social Security number if Sole-Proprietorship.

(17) Attach an original signed Authorization to Release Information form on all owners/control persons.

**(18) Attach a copy of a completed Maximum Fee Charge Form. Pursuant to SC §34-41-60(A): Notwithstanding any other provision of law, a check-cashing service licensed pursuant to this chapter may not directly or indirectly charge or collect fees or other consideration for check-cashing services in excess of the following:**

**(1) Two percent (2%) of the face amount of the check or three dollars (\$3.00), whichever is greater, for checks issued by the federal government, state government, or any agency of the state or federal government, or any county or municipality of this State;**

**(2) Two percent (2%) of the face amount of the check or three dollars (\$3.00), whichever is greater, for printed payroll checks. For purposes of this item, "printed" means type written, electronically generated, or computer generated; and**

**(3) Seven percent (7%) of the face amount of the check or five dollars (\$5.00), whichever is greater, for all other checks, including handwritten payroll checks, or for money orders.**

**(19) Submit an application fee (non-refundable) of \$250.00 for each application. Submit an investigation fee (non-refundable) of \$500.00 for each application. One check may be submitted for \$750.00 payable to the Consumer Finance Division.**

**(20) Personal Reference Letters: If the applicant does not currently hold a check cashing license with the Division, personal reference letters will be required.**

- \* Two (2) letters for each control person if the applicant is a Corporation or LLC.
- \* Three (3) letters if the applicant is a partnership or sole proprietor.

**The letter must be in writing and include the name and address of the person providing the reference. The following should be included in the letter:**

- 1. A paragraph or sentence that explains how reference provider knows the applicant and the duration of their relationship.**
- 2. A summary that explains why the reference provider would recommend the applicant and to what degree they would recommend them.**

**A reference letter cannot be from a relative and must be submitted with the license application.**

**(21) Give name and address where the license is to be sent:**

**Operating Name:**

**Contact Person:**

**Address:**

**City, State, Zip:**

**For applicants operating as a sole proprietor, complete the following:**

**ANY FALSE OR MISLEADING ANSWERS TO ANY OF THESE QUESTIONS SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE.**

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

**NOTARY PUBLIC:**

**APPLICANT:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(PRINT NAME OF NOTARY PUBLIC)

\_\_\_\_\_  
(PRINT NAME AND TITLE)

My Notary Commission expires \_\_\_\_\_

**For applicants operating as a corporation or LLC, complete the following:**

**P R O B A T E**

**IN THE STATE OF** \_\_\_\_\_

**IN THE COUNTY OF** \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he signed the foregoing application  
(Name of Person Signing Application)

as \_\_\_\_\_ of the above named applicant, having full authority to sign such application  
(Job Title of Person Signing Application)

in said capacity; that he has read said application and that the information contained therein is true as he verily believes.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Print Name of Notary Public)

My Notary Commission expires \_\_\_\_\_