



## APPLICATION FOR RETAIL GROCERY STORE CHECK CASHER REGISTRATION

For Official Use Only  
License #

This registration is made pursuant to the provision of the Check Casher Licensing Act, 63 P.S. §2301-§2334 et seq. A retail food store location must register annually with the Department of Banking and Securities and is subject to the provisions of sections 301(b) (4), 304(c) (3), 503, 507 and 509.

Mail the original and any attachments, along with **a check or money order** in the amount of \$100 payable to the **Pennsylvania Department of Banking and Securities**, to the following address:

Pennsylvania Department of Banking and Securities  
Non-Depository Licensing Office  
17 N 2nd St, Ste 1300  
Harrisburg, PA 17101-2290

1. **Company name:** \_\_\_\_\_
2. **D/B/A [if applicable]:** \_\_\_\_\_
3. **Federal ID number** (Sole Proprietors – use SSN): \_\_\_\_\_
4. **Street Address:** \_\_\_\_\_
  - a. **City:** \_\_\_\_\_, **State:** \_\_\_\_\_, **Zip Code:** \_\_\_\_\_
5. **Telephone number:** (\_\_\_\_) \_\_\_\_\_ **Fax number:** (\_\_\_\_) \_\_\_\_\_
6. **Email address:** \_\_\_\_\_
7. **Website address:** \_\_\_\_\_
8. **Qualifying Individual:** \_\_\_\_\_
  - a. **Telephone Number:** (\_\_\_\_) \_\_\_\_\_
  - b. **Email address:** \_\_\_\_\_

9. **Registration contact:** \_\_\_\_\_  
*(Name & Title)*

a. **Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

b. **Email address:** \_\_\_\_\_

10. **Are you a Retail Food Store licensed/registered as a food establishment as defined in Section 2 of the Food Act (P.L. 421, No 70)?**

\_\_\_\_\_ No    \_\_\_\_\_ Yes - please attach proof

11. **Are you a Retail Food Store licensed/registered as a public eating or drinking place as defined in Section 1 of the Public Eating and Drink Place Law (P.L. 926, No. 369)?**

\_\_\_\_\_ No    \_\_\_\_\_ Yes - please attach proof

12. **Gross Income Revenue for the last calendar year:** \$ \_\_\_\_\_

13. **Total Gross Revenue for cashing checks for the last calendar year:** \$ \_\_\_\_\_

# AUTHORIZATION/AFFIRMATION

I understand by submitting this Retail Grocery Store Check Cashier Registration

I am agreeing to be bound by the following ***Retail Grocery Store Check Cashier Registration are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.***"

**(Please Print):**

\_\_\_\_\_  
Owner/Officer/Partner Name & Title

**Signatures Required:**

\_\_\_\_\_  
Owner/Officer/Partner Signature

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION OR THE APPLICATION WILL BE RETURNED TO THE APPLICANT AS INCOMPLETE. Please mark each box to indicate document is attached**

- A check made payable to The Pennsylvania Department of Banking and Securities for the total amount of licensing fees required (\$100 for each location)
- Copy of Articles of Incorporation, if applicable
- Copy of Operating Agreement of Partnership or Limited Liability Company, if applicable
- Copy of approved Certificate to Do Business in Pennsylvania and/or Registration of Fictitious Name, if applicable
- A signed statement by the applicant that the applicant is operating and in compliance with all local zoning laws and laws pertaining to the operation of a business in this Commonwealth.
- A signed statement by the applicant that the applicant has complied with all applicable municipal and county ordinances or requirements for doing business.
- A signed statement by the applicant that the applicant has no outstanding debts to the Commonwealth or evidence that a payment agreement is in place.

Please mail completed application and all required documentation to:

**PENNSYLVANIA DEPARTMENT OF BANKING AND SECURITIES  
NON-DEPOSITORY LICENSING OFFICE  
17 N 2<sup>ND</sup> ST, STE 1300  
HARRISBURG, PA 17101-2290**