

ATTACHMENT [C]

AUTHORIZED DELEGATE AND OTHER LOCATIONS OF THE APPLICANT

Include a sample form of contract for authorized delegates including the method used to screen delegates for criminal history. If space is insufficient, additional pages may be used.

1. NAME:	AUTHORIZED ACTIVITY (check all that apply): <input type="checkbox"/> Money Transmission <input type="checkbox"/> Currency Exchange		
BUSINESS ADDRESS (Number and Street):	City:	State:	Zip Code:
CONTACT PERSON:	TELEPHONE:	FAX NO.:	E-MAIL:
<input type="checkbox"/> APPLICANT OWNED	<input type="checkbox"/> INDEPENDENT AUTHORIZED DELEGATE	<input type="checkbox"/> OTHER (SPECIFY RELATIONSHIP)	

LIST OF PROPOSED PHYSICAL LOCATIONS IN ARKANSAS

Include limited service and mobile locations. If space is insufficient, additional pages may be used.

1. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
2. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
3. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
4. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
5. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
6. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code:
7. NAME OF LOCATION:			
NAME OF MANAGER:		TELEPHONE NUMBER:	
LOCATION ADDRESS (Number and Street):	City:	State:	Zip Code: