


**ARKANSAS SECURITIES DEPARTMENT
HERITAGE WEST BUILDING, SUITE 300
201 EAST MARKHAM
LITTLE ROCK, ARKANSAS 72201**

	ARKANSAS LICENSEE CHANGE FORM FOR MONEY SERVICES	<input type="checkbox"/> If change of control, submit fee of \$1000.	
1.	Name of Licensee:	AR License Number:	
2.	Name Change (Insert new entity name):		
	Attach the following documents: <ol style="list-style-type: none"> 1. Copies of all amendments to the documents of organization filed with the appropriate regulatory authority in the state of organization, as well as copies of any documents issued by said regulatory authority granting approval of said filing. 2. Copies of any documents issued by the Arkansas Secretary of State granting approval of the amendments, if applicable. 3. Rider to the Surety Bond reflecting the name change. 		
3.	Use of Assumed or Fictitious Name (Insert DBA):		
	Attach the following documents: <ol style="list-style-type: none"> 1. Copy of the "Registered Fictitious Name" Certificate issued by the Arkansas Secretary of State granting authority to conduct business under the fictitious name. 2. Rider to the Surety Bond reflecting the name change. 		
4.	New or Corrected Address/Telephone Number/Fax Number (Provide rider to the Surety Bond reflecting the address change):		
5.	List all new executive officers, directors, partners, and members and titles held. Authority to Obtain Information from Outside Sources (Attachment B) is required for each new officer, director, partner, and member (<i>attach addendum if necessary</i>).		
	Name & Title	Principal Office Address	% Ownership
	Name & Title	Principal Office Address	% Ownership
	Name & Title	Principal Office Address	% Ownership
	Name & Title	Principal Office Address	% Ownership
	List all persons that have a 25% or greater equity interest not listed above. Authority to Obtain Information from Outside Sources (Attachment B) is required for each new officer, director, partner, and member (<i>attach addendum if necessary</i>).		
	Name	Principal Office Address	% Ownership
	Name	Principal Office Address	% Ownership
	Name	Principal Office Address	% Ownership
	Name	Principal Office Address	% Ownership

6.	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, disposition, and judgment amounts. Do not include items previously reported.	
A.	Is/has any criminal, civil, or administrative charges been issued against the applicant for activities which involve a financial transaction(s) or fraud in the past ten years?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No
B.	Has the applicant been convicted of any felony in the past ten years?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No
C.	Has the applicant been convicted of a crime involving a financial transaction(s) or fraud in the past ten years?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No
D.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No
E.	Has any other state or federal government agency denied the applicant a license for money services?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No
F.	Is/has the applicant ever been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license, registration, or permit?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No

Signature of Authorized Person

Date

Print Name

Title

STATE OR COMMONWEALTH OF _____
COUNTY OR PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that he/she is the _____ of
(Title)
_____, that he/she 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.

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

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)