

**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.:	EMAIL:
<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 LOCATIONS AND MOBILE UNITS. If space is insufficient, additional pages may be used.**

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