

STATE OF ARKANSAS
SECURITIES DEPARTMENT
201 EAST MARKHAM, SUITE 300
LITTLE ROCK, ARKANSAS 72201

**APPLICATION REQUIREMENTS FOR A MONEY TRANSMISSION LICENSE UNDER THE
ARKANSAS UNIFORM MONEY SERVICES ACT**

The Arkansas Uniform Money Services Act (“AUMSA”) requires that a person engaging in the business of money transmission or currency exchange in Arkansas must be licensed with this Department.

“Money Transmission” means any of the following:

- a) Selling or issuing payment instruments to one or more persons or issuing payment instruments which are sold to one or more persons. A “Payments instrument” is defined as a check, draft, money order, traveler’s check, stored-value, or other instrument or order for the transmission or payment of money or monetary value, sold to one or more persons, whether or not that instrument or order is negotiable.
- b) Conducting the business of receiving money or monetary value for transmission.
- c) Conducting the business of receiving money for obligors for the purpose of paying obligors’ bills, invoices, or accounts.

Should the business activity in which you intend to operate in Arkansas meet the definition of “Money Transmission”, and you are not exempt from licensing (exemptions are disclosed on the next page), please complete and submit the enclosed application as soon as possible. You are reminded that a person who knowingly engages in an activity for which a license is required under the “AUMSA” without being licensed is guilty of a Class B felony if he receives more than \$500 in compensation within a 30-day period from this activity or of a Class A misdemeanor if he receives no more than \$500 in compensation within a 30-day period from this activity.

The enclosed application packet includes the following:

- Application for Licensure
- Additional Requirements for Licensure under the Arkansas “AUMSA”
- Application Check List

When an application for an original license under the “AUMSA” is complete, the Commissioner will notify the applicant of the date on which the application was determined to be complete. The Commissioner will approve or deny the application within one hundred twenty days after the application is determined to be complete.

Applications may be mailed to:

Arkansas Securities Department
201 E. Markham, Suite 300
Little Rock, AR 72201

EXEMPTIONS FROM LICENSING UNDER THE ARKANSAS UNIFORM MONEY SERVICES ACT

A person shall not engage in the business of money transmission or advertise, solicit, or hold itself out as providing money transmission unless the person is licensed under the Arkansas Uniform Money Services Act (“AUMSA”), is an authorized delegate of a person licensed under the AUMSA, or exempt from the licensing requirements of the AUMSA.

Ark. Code Ann. §23-55-103

This chapter does not apply to:

1. The United States or a department, agency, or instrumentality thereof.
2. A money transmission by the United States Postal Service or by a contractor on behalf of the United States Postal Service.
3. A state, county, city, or any other governmental agency or governmental subdivision of a State.
4. A bank, bank holding company, office of an international banking corporation, branch of a foreign bank, corporation organized pursuant to the Bank Service Company Act, 12 U.S.C. § 1861-1867 (Supp. V 1999), or corporation organized under the federal Edge Act, 12 U.S.C. § 611-633 (1994 & Supp. V 1999), under the laws of a State or the United States if it does not issue, sell, or provide payment instruments or stored value through an authorized delegate that is not such a person.
5. Electronic funds transfer of governmental benefits for a federal, state, county, or governmental agency by a contractor on behalf of the United States or a department, agency, or instrumentality thereof, or a State or governmental subdivision, agency, or instrumentality thereof.
6. A board of trade designated as a contract market under the federal Commodity Exchange Act, 7 U.S.C. § 1-25 (1994), or a person that, in the ordinary course of business, provides clearance and settlement services for a board of trade to the extent of its operation as or for such a board.
7. A registered futures commission merchant under the federal commodities laws to the extent of its operation as such a merchant.
8. A person that provides clearance or settlement services pursuant to a registration as a clearing agency or an exemption from such registration granted under the federal securities laws to the extent of its operation as such a provider.
9. An operator of a payment system to the extent that it provides processing, clearing, or settlement services, between or among persons excluded by this section, in connection with wire transfers, credit card transactions, debit card transactions, stored-value transactions, automated clearing house transfers, or similar funds transfers.
10. A person registered as a securities broker-dealer under federal or state securities laws to the extent of its operation as such a broker-dealer.
11. A credit union regulated and insured by the National Credit Union Association.

INSTRUCTIONS APPLICATION FOR LICENSURE/REGISTRATION

This application will not be considered complete until this Department receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.

- No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the proper authority from the state in which you are organized/incorporated.
- No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of registration filed with the proper state authority in which the applicant is organized/incorporated (e.g. Secretary of State).
- No. 3 Street address of the principal office location.
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Operating Agreement, Partnership Agreement and Bylaws, whichever is applicable, Certificate of Good Standing, dated within the previous 30 days, certified by the secretary of state when the entity was organized, and a Certificate of Good Standing, dated within the previous 30 days, certified by the Arkansas Secretary of State, where the entity is registered to do business as a foreign organization.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Self-explanatory
- No. 9 Self-explanatory
- No. 10 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") The Registered Agent must be located in Arkansas.
- No. 11 Self-explanatory
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 List the states in which the applicant/registrant is conducting or has conducted similar business.
- No. 15 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner and all 25% or greater equity owners. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company.
- No. 16 Self-explanatory
- No. 17 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

ALL ATTACHMENTS MUST BE SUBMITTED



ARKANSAS APPLICATION FOR LICENSURE/REGISTRATION

TYPE OF LICENSE APPLIED FOR:
Money Transmission
Currency Exchange

1.	Full legal name of applicant (<i>attach certificate from the state in which you are organized/incorporated</i>):		
2.	Trade name, dba, or assumed name of applicant, if applicable (<i>attach registration documentation/certificate</i>):	Fed. Tax I.D.#:	
3.	Principal office street address:		
	City:	State:	Zip Code:
4.	Mailing address (street or post office box):		
	City:	State:	Zip Code:
5.	Business phone number: Website Address:	Business fax number: E-mail Address:	
6.	Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)
7.	State/Commonwealth of Incorporation:	Date of Incorporation/Organization:	
8.	Physical address of location at which the official books and records of the applicant are kept:		
	City:	State:	Zip Code: Phone No:
9.	Does applicant engage in activity through electronic or automated mediums, such as the internet? If yes, attach description of activity and web site address No		
10.	Registered agent for service of legal process (<i>must be located in Arkansas</i>):		
	Name:		
	Mailing Address:		
	City:	State: AR	Zip: Phone Number:
11.	Person authorized to answer questions pertaining to this application:		
	Name/Title:		
	Address:		
	City:	State:	Zip Code: Phone No:
	E-Mail Address:		Fax No:
12.	Person authorized to answer regulatory compliance issues:		
	Name/Title:		
	Address:		
	City:	State:	Zip Code: Phone No:
	E-Mail Address:		Fax No:
13.	Person authorized to answer consumer complaints:		
	Name/Title:		
	Address:		
	City:	State:	Zip Code: Phone No:
	E-Mail Address:		Fax No:

14.	List all states in which applicant is conducting or has conducted business related to this application (<i>attach list if necessary</i>):				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
15.	List all principal officers and title held, directors, partners, owners and members (<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	
Name & Title		Principal Office Address		% Ownership	
List all persons that have a 25% or greater equity interest not listed above.					
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	
16.	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, and judgment amounts.				
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?			Yes, attach explanation No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?			Yes, attach explanation No	
C.	Has any other state or federal government agency denied the applicant a license for a money services business?			Yes, attach explanation No	
D.	Is/has the applicant 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 or permit?			Yes, attach explanation No	
17.	Is applicant a subsidiary?		Yes	No	
	Parent company name:				
	Mailing address:				
	City:		State:		Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.				
	State Incorporated:			Date Incorporated:	

IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:

- A. Certificate of Resolution form stating who can sign official documents on behalf of the applicant.(See Attachment A)
- B. Biographical / Authority Sheet completed and notarized for everyone listed in #15.(See Attachment B)
- C. List of authorized delegates and other physical locations, including limited service locations and mobile units. (See Attachment C).
- D. Provide copies of the following, whichever are applicable:
 - 1. Certificate of Good Standing, dated within the previous thirty (30) days, certified by the Secretary of State or other state authority in which the applicant is incorporated or organized.
 - 2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments.
 - 3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement.
 - 4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement.
 - 5. If a foreign corporation, a Certificate of Good Standing, dated within the previous thirty (30) days, certified by the Arkansas Secretary of State, where the entity is registered as a foreign organization. The Arkansas Secretary of State's office may be contacted at (501) 682-1010.
- E. Arkansas Money Services Information Form (See Attachment D)
- F. Arkansas Surety Bond (See Attachment E)

APPLICATION AFFIDAVIT

Signed this _____ day of _____ 20_____.

Name of Company

By: _____
Signature of Authorized Person

Print Name and Title

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that she/he is the _____ of
(Title)
_____, that she/he 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 to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

(Seal)

My Commission Expires: _____

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), DBA name(s), or assumed name(s), if applicable.

This is to certify that at a Regular or Special meeting of the Shareholders/or
 Board of Directors/or Members/ or Partners of _____
Name of applicant/company
organized under the laws of the State / Commonwealth of _____ held at
_____, _____, _____
Street address City State Zip Code
on the _____ day of _____ 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Name of applicant/company

to be licensed or registered as a money transmitter or currency exchange provider, BE IT RESOLVED, that
_____ who is the _____

Name of authorized representative

Title of authorized person

of this limited liability company, corporation, limited partnership, or general partnership is, in his/her official capacity, hereby authorized and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign and execute all documents pertaining to the application and to perform every act whatsoever as required to file the application on behalf of _____
Name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 15

Name:	Social Security #:
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Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No: E-mail Address:
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EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and 25% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Residential Address	Start Date	End Date

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, judgment amounts.

Have any civil judgments been entered against you during the past 10 years?	Yes, attach explanation	No
Are there any civil proceedings pending against you or civil judgments entered against you for activities which involve fraud or dishonesty?	Yes, attach explanation	No
Have you ever been convicted of or entered a plea of Nolo	Yes, attach explanation	No

Contendere to a felony?	
Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	Yes, attach explanation No
Have you ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	Yes, attach explanation No
Have you ever been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?	Yes, attach explanation No
Have you ever been discharged for cause or been requested to resign from any employment position related to purported acts of fraud, theft, or dishonesty?	Yes, attach explanation No

I hereby authorize the licensing authority to make inquiries from any financial institution, credit bureau, law enforcement agency or any other entity or person for the purpose of determining my financial responsibility, character and fitness in connection with an application for a license or registration under the UAMSA.

I hereby certify that the information on this form is, to the best of my knowledge, information and belief, complete and accurate.

Signature

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)

notary, and declared under oath that she/he is the _____ of
(Title)

_____, that she/he 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 to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)

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:

ATTACHMENT D

ARKANSAS MONEY SERVICES INFORMATION FORM

All applicants for licensure must complete the following information. All questions must be answered. If the question does not apply to your company, please indicate by answering "N/A." Attach additional page(s) if necessary.

1. Describe any money services previously provided by the applicant and the money services that the applicant seeks to provide in Arkansas.

2. List the name and address of any financial institution through which the applicant's payment instruments and stored-value will be paid.

3. Describe the source of money and credit to be used by the applicant to provide money services.

4. Briefly describe the structure or organization of the applicant, including any parent or subsidiary of the applicant, and whether any parent or subsidiary is publicly traded. Attach as organizational chart for both applicant and parent.

5. List any criminal convictions of the applicant, its owners, officers, directors, managers, and/or members and any material litigation in which the applicant has been involved in the ten-year period next preceding the submission of the application. "Material Litigation" means litigation that according to generally accepted accounting principles is significant to an applicant's or a licensee's financial health and would be required to be disclosed in the applicant's or licensee's annual audited financial statements, report to shareholders, or similar records. If none please state.

ATTACHMENT E

**ARKANSAS SECURITIES DEPARTMENT
201 E. MARKHAM, SUITE 300
LITTLE ROCK, ARKANSAS 72201**

ARKANSAS SURETY BOND

Bond Number: _____

THIS SURETY BOND is given by

Name of Surety

Home Office Address

City, State Zip

As SURETY, and

Name of Principal (Licensee)

License Address

City, State Zip

As PRINCIPAL.

SURETY must be an entity licensed to transact surety business in the State of Arkansas. SURETY ensures that the PRINCIPAL's obligations will be performed to the Arkansas Securities Department, as OBLIGEE, under the following terms and conditions:

1. Pursuant to Act 1595 of 2007, as amended, the PRINCIPAL has made application to, or is currently licensed by, the OBLIGEE to conduct business in Arkansas as a:

(Check all that apply.)

Money Transmitter

Currency Exchange

2. The PRINCIPAL and SURETY are held and firmly bound unto the OBLIGEE for the use and benefits of claimants against the PRINCIPAL in the sum of _____

(A surety bond in the amount of \$50,000 plus \$10,000 per location. A bond may, but need not exceed \$250,000.)

lawful money of the United States, the payment of which the PRINCIPAL and SURETY jointly and severally bind themselves, their successors, assigns, and legal representatives, to secure the faithful performance of the obligations of the PRINCIPAL for its conduct and that of its officers and employees under Act 1595 of 2007, as amended.

3. If the PRINCIPAL fully complies with the provisions of Act 1595 of 2007, as amended, and pays and discharges all amounts owed upon any judgment or order obtained in any court of competent jurisdiction by the OBLIGEE or by any person or persons who may be injured or damaged by the PRINCIPAL conducting business as a Money Transmitter or provider of Currency Exchange, including judgments in

suits for the misappropriation of any funds paid into or deposited with the PRINCIPAL, this bond shall be null and void; otherwise, this bond shall be and remain in full force and effect.

4. The SURETY shall have the right to cancel this bond upon sixty (60) days written notice to the OBLIGEE. Provided, however, such notice shall not affect any liability arising prior to the effective date of cancellation of this bond and the PRINCIPAL and SURETY shall be and remain liable for a period of five (5) years from the date of any action or inaction of the PRINCIPAL that gives rise to a claim under this bond prior to its effective cancellation.

WITNESS OUR HAND AND SEAL this _____ day of _____, _____.

NOTE: Persons executing for surety other than corporate officers must attach Power of Attorney.

PRINCIPAL

BY: _____

TITLE: _____

SURETY

BY: _____

TITLE: _____

APPLICATION CHECKLIST ARKANSAS MONEY SERVICES APPLICATION

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION.
INCOMPLETE APPLICATIONS WILL RESULT IN INCREASED PROCESSING TIME AND
POSSIBLE DENIAL OF THE APPLICATION.**

- A. A check or money order for the application fee payable to the Arkansas Securities Department in the amount of \$1,500.
1. A check or money order for the application fee payable to the Arkansas Securities Department in the amount of \$1,000 for applicants licensed under the Uniform Money Services Act in another state. (See Ark. Code Ann. §23-55-203.)
All application fees are nonrefundable.
- B. A check or money order for the license fee payable to the Arkansas Securities Department in the amount of \$750.
1. No license fee required for applicants that are licensed in another state under the Uniform Money Services Act.
- C. Completed, signed, and notarized Uniform Application. All blanks must be filled in. (If N/A so state.)
- D. Completed Arkansas Money Services Information page. (Attachment D) All questions must be answered (if N/A, so state).
- E. A sample form of contract for authorized delegates, if applicable, and a sample form of payment instrument or instrument upon which stored-value is recorded, if applicable.
- F. Financial Statements.

A copy of the applicant's audited financial statements for the most recent fiscal year and, if available, for the two-year period next preceding the submission of the application, along with a copy of the applicant's unaudited balance sheet and profit and loss statement, dated within thirty (30) days of the date of the application and certified by a representative of the applicant.

A copy of the applicant's unconsolidated financial statements for the current fiscal year, whether audited or not, and, if available, for the two-year period next preceding the submission of the application.

If the applicant is publicly traded, a copy of the most recent report filed with the United States securities and exchange commission under section 13 of the federal Securities Exchange Act of 1934.

If the applicant is a wholly owned subsidiary of a corporation publicly traded in the United States, a copy of the audited financial statements for the parent corporation for the most recent fiscal year or a copy of the parent corporation's most recent report filed under section 13 of the federal Securities Exchange Act of 1934.

If the applicant is a wholly owned subsidiary of a corporation publicly traded outside the United States, a copy of similar documentation filed with the regulator of the parent corporation's domicile outside the United States.

- G. A surety bond in the amount of \$50,000 plus \$10,000 per location. A bond may, but need not, exceed a total amount of \$250,000. (Attachment E)
- H. Certificate of Resolution (Attachment A) naming the individual authorized to sign official documents on behalf of the applicant. (NOTE: The Certificate of Resolution should be signed by an officer/director/owner other than the person being given authority to sign.)
- I. Authority to Obtain Information From Outside Sources form (Attachment B) must be completed and notarized for everyone listed in #15.
- J. If applicant is a corporation, LLC, or other legal entity provide the following:
- Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized, dated within thirty (30) days of the application.
- Articles of Incorporation, including any amendments thereto; or Articles of Organization and operating agreement.

If a foreign corporation, evidence of filing as a foreign corporation with the Arkansas Secretary of State. The Arkansas Secretary of State's office may be contacted at (501) 682-1010.

If applicant is a partnership, provide a copy of the Partnership Agreement.

K. List of authorized delegates and their physical locations, including limited service locations and mobile units. (Attachment C).

Contact Karen Hicks at (501) 324-9260 if you have any questions pertaining to this application.

Application may be mailed to:

**Arkansas Securities Department
201 E. Markham, Suite 300
Little Rock, AR 72201**