



STATE OF WISCONSIN  
Department of Financial Institutions  
Division of Banking



COMMUNITY CURRENCY EXCHANGE OFFICE  
APPLICATION INSTRUCTIONS

**Purpose:** A completed Community Currency Exchange Office Application should be submitted to the Department of Financial Institutions – Division of Banking (“division”) for consideration of licensure of additional office(s). Do not use the Community Currency Exchange Office Application unless your company already holds a Wisconsin Community Currency Exchange license.

**Public Information:** This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government agencies.

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*The following instructions correspond with the application.*

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**COMMUNITY CURRENCY EXCHANGE OFFICE**

Print or type the information requested in the spaces provided for items 1-3. Copies of the form may be made if you will be licensing more than one office.

**ATTACHMENTS**

Attach the following items to your application:

- A) Surety Bond Rider
- B) Fees
- C) Insurance Policy

**A) Surety Bond Rider**

Submit a surety bond rider that increases the amount of the applicant’s Wisconsin surety bond by \$5,000 for each additional office to be licensed. The rider must identify the exact legal name of the applicant and all trade names used by the applicant. Because the bond covers the applicant at all licensed locations, the rider must not reference a street address. The original rider needs to be signed and submitted to the division.

**B) Fees**

\$600 must be submitted for each location where business as a community currency exchange will be conducted. The \$600 fee consists of a \$300 license fee and a \$300 nonrefundable investigation fee. Make checks payable to the Department of Financial Institutions.

**C) Insurance Policy**

Submit an endorsement or certificate of insurance from the licensee’s insurance company that verifies that the licensee’s commercial crime insurance policy will provide coverage to the new locations. The endorsement/certificate must confirm that each proposed location will have:

- coverage of at least \$10,000 for burglary, larceny, robbery, forgery and embezzlement.
- deductibles for burglary, larceny, robbery, forgery and embezzlement that do not exceed 10% of the limit of insurance. For example, if the policy provides \$10,000 in coverage for burglary, the deductible for burglary cannot exceed \$1,000.

**AFFIDAVIT**

A duly authorized representative of the applicant must complete and sign the affidavit. The representative's signature must be notarized.

**RETURN APPLICATION MATERIALS TO:**

Department of Financial Institutions  
Division of Banking

*Mailing Address:*

PO Box 7876  
Madison, Wisconsin 53707-7876

*Street Address:*

North Tower  
4822 Madison Yards Way  
Madison, Wisconsin 53705

**HOW TO OBTAIN HELP AND ADDITIONAL FORMS:**

-  **INTERNET** - Access the Department of Financial Institutions' website, **www.wdfi.org**, to:
- download applications, instructions and forms.
  - see a list of community currency exchanges licensed under Section 218.05, Wis. Stats.

-  **TELEPHONE**
- |                                     |                |
|-------------------------------------|----------------|
| Licensed Financial Services Section | (608) 266-8891 |
| Division of Banking                 | (608) 261-7578 |

-  **FAX**
- Division of Banking  
(608) 267-6889

# STATE OF WISCONSIN Department of Financial Institutions

**Courier Address:**  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705



**Mailing Address:**  
PO Box 7876  
Madison, WI 53707-7876

[www.wdfi.org](http://www.wdfi.org)

Telephone: (608) 261-7578  
Fax: (608) 267-6889

## COMMUNITY CURRENCY EXCHANGE OFFICE APPLICATION

Please refer to the accompanying instructions while completing this application.

### COMMUNITY CURRENCY EXCHANGE OFFICE

Provide the following information for **each** proposed community currency exchange office location. Copies of this form may be made. Do **not** use the Community Currency Exchange Office Application unless your company already holds a Wisconsin Community Currency Exchange license or licenses.

1. 

Name of Applicant			
Street Address			
City	State	Zip Code	Telephone (     )

2. List the other types of business proposed for this location and identify who would be conducting the business:

3. Proposed date of business opening:

Date: (mm/dd/yyyy)

**ATTACHMENTS**

4. Attach the following to your application. Refer to the instructions for additional details.

A) **Surety Bond Rider**

B) **Fees**

C) **Insurance Policy**

**AFFIDAVIT**

5. I, \_\_\_\_\_, the undersigned, being the duly authorized representative of  
(Print Name)

\_\_\_\_\_, hereby certify that each statement and  
(Name of Applicant)

representation in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Title) (Date)

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

This form is required under Section 218.05, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. Personally identifiable information collected on this form may be matched against tax information, outstanding child and family support data and information from law enforcement agencies. Other information requested may also be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.