



Company New Application Checklist Agency Requirements



MARYLAND MONEY TRANSMITTER LICENSE

Legal Requirements: This license is required for the principal executive office of any person (defined in Md. Code Ann., Fin. Inst. §1-101) engaging in the business of money transmission, unless the person is an authorized delegate who is authorized by a licensee to engage in the business of money transmission under the name of a licensee at any location other than the place of business specified in the license. Refer to Md. Code Ann., Fin. Inst. §12-401 *et seq.* for legal requirements. ([More Details](#))

Application Process: This document includes instructions for a new money transmitter company license (principal executive office location). More information about the licensing process can be found at the Office of the Commissioner of Financial Regulation (“Commissioner”) website: <http://www.dllr.state.md.us/finance/industry/moneytran.shtml>.

***Note:** Virtual currency is “monetary value,” and accordingly is subject to the Maryland Money Transmission Act. Unless otherwise exempt, a person who engages in the business of money transmission utilizing virtual currency must be licensed in accordance with this statute.

****Note:** The criminal background check is required of each control person, president, officer who owns 10% or more of the business, qualifying individual, individual with access to the trust account, and any other individual requested by the Commissioner

The checklist below provides instructions and requirements for information to be entered in NMLS, the documents that must be uploaded into NMLS, as well as the documents that must be sent outside NMLS. For help with the NMLS application, see the [Quick Guide for submitting a complete Company Form](#) filing through NMLS. Agency specific requirements marked “**Filed in NMLS**” must be completed in NMLS; this information will not be viewable to the agency until the application has been submitted through NMLS. For help with document uploads, see the [Quick Guide for document upload in NMLS](#). Financial statements are uploaded separately under the Filing tab, in the “Financial Statement” submenu. All other documents are uploaded in the Filing tab under the “Document Upload” section of the company form.

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Agency specific requirements marked **Attached** on the checklist below must be received with this checklist within 5 business days of the electronic submission of your application through the NMLS at the following:

For U.S. Postal Service or Overnight Delivery:
 Maryland Commissioner of Financial Regulation
 Attn: Licensing Unit
 500 N Calvert Street, Suite 402
 Baltimore, Maryland 21202

Incomplete Application: If your application package is incomplete (including explanations and/or required documentation submitted in an incorrect format) sixty (60) days after the application filing, the Commissioner may terminate the processing of the application and will deem the incomplete application withdrawn by the applicant.

Application and Licensing Fee:

Initial License Original Office (Investigation Fee Not Included): \$2,000.00
 Investigation Fee (Non-Refundable): \$1,000.00
 NMLS Processing Fee: \$100.00
 Credit Report Authorization Fee (For QIs & Control Individuals): \$15.00
 FBI Criminal Background Check for MU2 Individual: \$36.25 per person.
 Fees collected through the NMLS ARE NOT REFUNDABLE.

Note: A MD License Renewal of \$2,000.00 will be collected via NMLS when the license is renewed between November 1st and December 31st.

NMLS **Company** Unique ID Number: _____

Applicant Legal Name: _____

FILED IN NMLS	ATTACHED	NOT APPLICABLE	MARYLAND MONEY TRANSMISSION LICENSE
<p>BUSINESS ENTITY AND FORMATION: Select the classification of the applicant’s legal status and upload the requested supporting documents. Upload in NMLS under <u>Formation Document</u> in the <i>Document Uploads</i> section of the Company Form (MU1).</p> <p>This document should be named <i>Formation Documentation [Date of Creation (MM-DD-YYYY)]</i>.</p>			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>UNICORPORATED ASSOCIATION:</p> <ul style="list-style-type: none"> • By-laws or constitution (including all amendments)
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>GENERAL PARTNERSHIP:</p> <ul style="list-style-type: none"> • Partnership Agreement (including all amendments)
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>LIMITED PARTNERSHIP:</p> <ul style="list-style-type: none"> • Certificate of Partnership; and • Partnership Agreement (including all amendments)

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<input type="checkbox"/>	N/A	<input type="checkbox"/>	LIMITED LIABILITY LIMITED PARTNERSHIP: <ul style="list-style-type: none"> • Certificate of Limited Liability Limited Partnership; and • Partnership Agreement (including all amendments)
<input type="checkbox"/>	N/A	<input type="checkbox"/>	LIMITED LIABILITY COMPANY (“LLC”): <ul style="list-style-type: none"> • Articles of Organization (including all amendments) • Operating Agreement (including all amendments); and • LLC resolution if authority not in operating agreement
<input type="checkbox"/>	N/A	<input type="checkbox"/>	CORPORATION: <ul style="list-style-type: none"> • Articles of Incorporation (including amendments) • By-laws (including all amendments), if applicable; • Shareholder Agreement (including all amendments), if applicable; and • Corporate resolution if authority to complete application not in By-laws or Shareholder Agreement, as applicable
<input type="checkbox"/>	N/A	<input type="checkbox"/>	BUSINESS TRUST: <ul style="list-style-type: none"> • Certificate of Trust; and • Governing instruments (all amendments)
<input type="checkbox"/>	N/A	<input type="checkbox"/>	ORGANIZATIONAL CHART/ DESCRIPTION: <ul style="list-style-type: none"> • The applicant must upload an organizational chart, showing: The percentage of ownership; • If applicant is owned by another entity, entities or person, and/or if the applicant has subsidiaries or affiliated entities.
OWNERSHIP/PRINCIPAL OFFICER INFORMATION: Select the classification of the applicant’s legal status and complete the Individual Form (MU2) in NMLS for each owner/principal.			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	Sole Proprietor: <ul style="list-style-type: none"> • Full legal name • Residential and business addresses • Residential, cell, and business telephone number(s) • Email Address(es) • Social security/ FEIN (if applicable)
<input type="checkbox"/>	N/A	<input type="checkbox"/>	General Partnership: <ul style="list-style-type: none"> • Full legal name of each partner • Each partner’s residential and business addresses (no P.O. Box) • Each partner’s residential, cell, and business telephone number(s) • Each partner’s email address(es) • Each partner’s social security number • Each partner’s respective ownership share <p>*If any partner is an entity, refer to the applicable entity in this list for</p>

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			required information.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>Limited Partnership/Limited Liability Limited Partnership:</p> <ul style="list-style-type: none"> • Full legal name of each general and each limited partner • Each partner’s residential and business addresses (no P.O. Box) • Each partner’s residential, cell, and business telephone number(s) • Each general partner’s email address(es) • Each partner’s social security number • Each partner’s respective ownership share <p>*If any partner is an entity, refer to the applicable entity in this list for required information.</p>
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>Limited Liability Company (LLC):</p> <ul style="list-style-type: none"> • Full legal name of each member and each manager • Each member’s residential and business addresses (no P.O. Box) • Each member’s residential, cell, and business telephone number(s) • Each member’s and manager’s (latter if applicable) email address(es) • Each member’s and manager’s (latter if applicable) social security number • Each member’s respective ownership share
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>Corporation:</p> <ul style="list-style-type: none"> • Full legal name of each shareholder who owns 25% or more of the applicant (“shareholder”), each director and principal officer • Each shareholder’s, director’s, and principal officer’s residential addresses (no P.O. Box) • Each shareholder’s, director’s, and principal officer’s residential, cell, and business telephone number(s) • Corporation’s telephone number • Each shareholder’s, director’s, and principal officer’s email address(es) • Each shareholder’s, director’s, and principal officer’s social security number • Each shareholder’s, director’s, and principal officer’s respective ownership share
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>Business Trust:</p> <ul style="list-style-type: none"> • Full legal name of each trustee and principal office (if applicable) • Each trustee’s residential and business addresses (no P.O. Box) • Each trustee’s and principal officer’s (if applicable) residential , cell, and business telephone numbers • Each trustee’s and principal officer’s (if applicable) email address(es) • Each trustee’s and principal officer’s (if applicable) social security number

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REQUIREMENTS/DOCUMENTS UPLOADED IN NMLS			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	OTHER TRADE NAME: Other business name(s), fictitious name(s), or “doing business as” name(s) should be listed under “Other Trade Names” on the NMLS Company Form.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	TRADE NAME REGISTRATION CERTIFICATE: Upload a copy of the trade name registration certificate from the Department of Assessments and Taxation of Maryland (along with the Certificate of Authority/Good Standing Certificate) if applicant will be operating under name other than its legal name.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	RESIDENT AGENT: The Resident/Registered Agent section of the NMLS Company Form should be completed with the information currently on record with the Department of Assessments and Taxation of Maryland.
<input type="checkbox"/>	N/A	N/A	APPROVALS AND DESIGNATION: Enter your MSB registration number on the FinCEN Registration line (Confirmation # and filing date). Note: Money Services Businesses (MSB) must register with the United States Treasury Department within 180 days of the start of operations. Information regarding MSB responsibilities under federal law can be obtained at http://www.fincen.gov/financial_institutions/msb/ or request a package of information by phoning 1-800-949-2732.
<input type="checkbox"/>	N/A	N/A	BANK ACCOUNT: Bank account information must be completed with company’s Operating and/or Trust accounts. Upload a copy of the trust account agreement for each Maryland trust account listed under “trust account authorization.”
<input type="checkbox"/>	N/A	N/A	QUALIFYING INDIVIDUAL (“QI”): The QI is the sole proprietor, coventurer, general partner, principal officer or member who has <u>at least 3 years of experience</u> in the money transmission business, or other related financial services business, must be listed on the NMLS Company Form. The jurisdiction for which this individual is acting as the qualifying individual must also be specifically identified on NMLS.
	<input type="checkbox"/>	N/A	QUALIFYING INDIVIDUAL (“QI”) RESUME: Attach a copy of the QI’s resume which details the QI’s experience.
<input type="checkbox"/>	N/A	N/A	CREDIT REPORT: Individuals in a position of control are required to authorize a credit report through NMLS. Individuals will be required to complete an Identity Verification Process (IDV) along with an individual attestation before a license request for your company can be filed through NMLS.

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<input type="checkbox"/>	N/A	N/A	<p>MU2 Individual FBI Criminal Background Check Requirements: The following Individuals, as specified below, on the Company Form (MU1) are required to authorize a FBI criminal background check (CBC) through NMLS.</p> <p><i>Direct Owners</i></p> <ul style="list-style-type: none"> Required for any owner of 10% or more; if owner is a corporation, check applies to president, CEO, or majority owner of that corporation <p><i>Executive Officers</i></p> <ul style="list-style-type: none"> Any general partner, director, or officer <p><i>Indirect Owners</i></p> <ul style="list-style-type: none"> Required when indirect owner is an individual and ownership share is 10% or more <p><i>Qualifying Individuals</i></p> <ul style="list-style-type: none"> All Qualifying Individuals must authorize a FBI CBC through NMLS. <p>After authorizing a FBI criminal background check through the submission of the Company Form (MU1) and Individual Form (MU2), you must schedule an appointment to be fingerprinted if new prints are required.</p> <p>See the Criminal Background Check section of the NMLS Resource Center for more information.</p> <p>Note: If you are able to 'Use Existing Prints' to process the FBI criminal background check, you DO NOT have to schedule an appointment. NMLS will automatically submit the fingerprints on file.</p>
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<p>DISCLOSURE QUESTIONS: Enter an explanation, including complete details of all events or proceedings, for any "Yes" response. Upload a copy of any applicable orders or supporting documents in NMLS.</p>
<input type="checkbox"/>	N/A	N/A	<p>FINANCIAL STATEMENTS: Upload an unconsolidated audited financial statement prepared by a Certified Public Accountant in accordance with Generally Accepted Accounting Principles dated within 90 days of your fiscal year end and showing a net worth of at least \$150,000, plus an additional net worth of \$10,000 for each additional location or authorized delegate, up to a maximum of \$500,000. Financial statements should include a Balance Sheet, Income Statement and Statement of Cash Flows and all relevant notes thereto.</p> <ul style="list-style-type: none"> If applicant is NOT a start-up company, in addition to the current financial statement, also upload the audited financial statements for the three (3) prior fiscal years.

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<input type="checkbox"/>	N/A	N/A	BUSINESS PLAN: Upload a business plan outlining the applicant's marketing strategy, products, target markets and operating structure the applicant intends to employ. Also, specifically include a detailed description or chart depicting the flow of money for each transaction type, including (but not limited to) detailing how money will be collected, how money will be transmitted, records collection and retention, and use of authorized delegates/additional locations if applicable.
<input type="checkbox"/>	N/A	N/A	GOOD STANDING STATUS: Applicants must be registered and in good standing with the Maryland Department of Assessments and Taxation (SDAT) to be licensed. The current good standing status may be verified on the SDAT website: http://dat.maryland.gov . Proof of the good standing status must be uploaded on NMLS.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	STATE OF FORMATION CERTIFICATE OF GOOD STANDING: As applicable, if applicant is an entity formed in a state other than Maryland, attach a certificate of good standing issued by applicant's state of formation not more than sixty (60) days prior to the date of this application.
<input type="checkbox"/>	N/A	N/A	DOCUMENT SAMPLES: Upload a copy of the following document used in the regular course of business in connection with Maryland Money Transmission activities: 1. Proposed Maryland Authorized Delegate Contract. As required by Maryland Annotated Code, Financial Institutions § 12-413(b), the contract must contain at least the following provisions: A. That the Applicant appoints the person as its authorized delegate with authority to engage in the business of money transmission on behalf of the Applicant; B. That neither the Applicant nor the authorized delegate may authorize subagents or sub authorized delegates without the written consent of the Commissioner; C. That the authorized delegate is subject to supervision, examination, and regulation by the Commissioner; and D. That the authorized delegate will operate in full compliance with all applicable laws and regulations.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	MANAGEMENT CHART: Upload an organizational chart showing the applicant's divisions, officers, and managers.
<input type="checkbox"/>	N/A	<input type="checkbox"/>	ORGANIZATIONAL CHART/DESCRIPTION: Upload an organizational chart, showing: (1) the percentage of ownership, (2) if applicant is owned by another entity, entities or person, and/or (3) if the applicant has subsidiaries or affiliated entities.

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<input type="checkbox"/>	<input type="checkbox"/>	N/A	<p>Surety Device: Submit a bond in the amount of \$150,000 furnished by a surety company authorized to conduct business in Maryland. The name of the principal insured on the bond must match exactly to the Full Legal Name of applicant and include any fictitious name(s)/Assumed Name it plans to use for Maryland Activity.</p> <p>The Surety Bond Requirement may be satisfied completing one of the following:</p> <ol style="list-style-type: none"> 1. Electronic Surety Bond: Submit an Electronic Surety Bond (ESB) via NMLS in the amount listed above furnished and submitted by a surety company authorized to conduct business in Maryland. See the ESB Adoption Table and the ESB for NMLS Licensees page of the NMLS Recourse Center for more information. <p>Surety Bond – Alternate Security Device: Upload and mail proof of permissible investments (Custodial and Pledge Agreement) valued in an amount not less than \$150,000 and to be held by the Commissioner to secure the same obligations as are required to be secured by a surety bond. Use the following Maryland custodial and pledge agreement template. Money Transmitter Custodial and Pledge Agreement. This document should be uploaded in NMLS under the Document Type <u>Surety Bond – Alternate Security Device</u> in the <i>Document Uploads</i> section of the Company Form (MU1). This document should be named [<i>License Type</i>] <i>Security Device</i>. An original copy of this document must also be mailed to the address listed above.</p>
N/A	<input type="checkbox"/>	N/A	<p>COMPLIANCE MANUAL: Attach a copy of applicant’s compliance manual (or other related document) describing how the applicant and all authorized delegates will comply with all applicable federal laws and regulations specifically relating to/including:</p> <ol style="list-style-type: none"> A. The Bank Secrecy Act (“BSA”); B. The Applicant’s Anti-Money Laundering (“AML”) Program which provides for designation of a compliance officer, independent annual AML review, education, training of personnel and written policies, procedures and controls to maintain an effective AML program; C. The Office of Foreign Asset Control (“OFAC”);
N/A	<input type="checkbox"/>	N/A	<p>POLICIES & PROCEDURES: Attach a copy of applicant’s polices & procedures (or other related document), including a detailed description of how the Applicant and all authorized delegates will comply with the Maryland Abandoned Property Law (Maryland Annotated Code, Commercial Law § 17-101)</p>
N/A	<input type="checkbox"/>	N/A	<p>APPLICANT’S BUSINESS CREDIT REPORT: Attach a copy of applicant’s business credit report that is dated not more than three (3) months prior to the submission of the application.</p>

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N/A	<input type="checkbox"/>	N/A	AUTHORIZATIONS TO CONDUCT MONEY TRANSMISSION BUSINESS: Attach a list of States or Countries where Applicant is licensed or registered to conduct money transmissions. For each license, specify the licensing jurisdiction, the license type/name, the license number and the expiration date.
N/A	<input type="checkbox"/>	N/A	LIST OF COUNTRIES: Attach a list of countries the applicant will be transmitting money to and from.
N/A	<input type="checkbox"/>	N/A	FEE SCHEDULE: Attach a copy of applicant's customer fee schedule for all Maryland money transmission services.
N/A	<input type="checkbox"/>	<input type="checkbox"/>	LICENSE/ REGISTRATION: Attach a list identifying all States or Countries where Applicant is licensed to conduct money transmission. For each license/registration, specify the licensing/registering jurisdiction, the license/registration type/name, the license/registration number and the expiration date.
N/A	<input type="checkbox"/>	N/A	AUTHORIZED AGENTS (DELEGATES) LOCATIONS: You must use the NMLS Uniform Authorized Agent Reporting (UAAR) functionality to report your Authorized Agents at least on a semi-annual basis. (Note: NMLS requires reporting on a quarterly basis; therefore, you may receive notices/license items of UAAR reporting deficiencies if your Authorized Agent Reports are not submitted quarterly). Upon license approval, applicants are required to utilize the UAAR to upload a list of agents who are authorized to conduct money transmission business in the state of Maryland on the Applicant's behalf. Agent reporting must be completed through the UAAR on a quarterly basis, even if there are no changes to report. For more information, consult the NMLS Resource Center .
<input type="checkbox"/>	N/A	N/A	TRUST ACCOUNT AUTHORIZATION: Upload a copy of the trust account agreement for each Maryland trust account disclosed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIMINAL BACKGROUND CHECK CLARIFICATIONS: If <u>any</u> negative criminal history is reported on the MU2 individual's Federal criminal background check, a written explanation and any applicable supporting legal documentation must be submitted. (This documentation includes, but is not limited to the final dispositions, orders of expungement, and any other court documents. If the documents are unavailable, provide a letter from the court that states that the documents are unavailable.)
MARYLAND BUSINESS ACTIVITY			
N/A	<input type="checkbox"/>	<input type="checkbox"/>	MARYLAND BUSINESS ACTIVITY: 1. Has applicant ever engaged in any money transmission business activity in Maryland? Yes ___ No ___ If "Yes," provide an explanation as noted in questions 2 and 3 below. 2. If the answer to #1 is "Yes," did applicant hold a Money Transmitter License at the time all money transmission business was conducted? Yes ___ No ___

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			<p>If "Yes," provide NMLS Identification No. _____</p> <p>3. If the answer to #2 is "No," was applicant exempt from licensing during the time the money transmission activity was conducted? Yes No____</p> <p>If "Yes," provide an explanation of exemption claimed as instructed below.</p>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<p>EXPLANATION OF EXEMPTION CLAIMED: If applicant's response to question 3 above was "Yes," provide:</p> <p>A detailed explanation of the basis for the exemption claimed (including the statutory and/or regulatory citation and any supporting documentation); and the date(s) on which money transmission activity was conducted.</p>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<p>EXPLANATION OF MARYLAND BUSINESS ACTIVITY: If applicant engaged in money transmission business activity other than while licensed or exempt from licensing, attach a detailed explanation that includes:</p> <ul style="list-style-type: none"> a) Date(s) money transmission activity was conducted; b) Name(s) of each consumer involved; c) Amount of payments received from each consumer; d) Copies of related consumer correspondence; e) Name of each creditor for whom money transmission business was conducted; f) All locations where money transmission business activity was conducted; and g) All other relevant documentation.

The regulator will review the filing and all required documents and communicate with you through NMLS. To review your status or see detailed communication from the regulator, click on the Composite View tab and then click on View License/Registration in NMLS see ([License Status Quick Guide](#)) for instruction.

WHOM TO CONTACT – Contact the Commissioner of Financial Regulation licensing staff by phone at 410-230-6155 or 888-784-0136 for further assistance regarding Maryland specific requirements.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH APPLICANT/LICENSEE IS APPLYING. THE AGENCY SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.