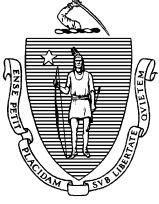


## NOTICE

The Division of Banks regulation 209 CMR 31.40 requires that all non-bank ATM providers seeking to operate ATMs in the Commonwealth must submit an application to provide electronic services. Pursuant to 209 CMR 31.02, a merchant is not considered to be a “non-bank ATM provider”. Therefore, all applications must be submitted by the entity that processes the electronic transactions (usually, the Independent Sales Organization). **Applications submitted by merchants will be returned.** Please be advised that operating an ATM without complying with 209 CMR 30.00 may result in the initiation of enforcement action and/or the imposition of sanctions under M.G.L. c. 167B, §§ 20 through 22.



# Commonwealth of Massachusetts

## DIVISION OF BANKS

1000 Washington Street, 10<sup>TH</sup> Floor, Boston, MA 02118

### Application to Provide Electronic Services

**This application must be typed**

Type(s) of approval applied for (check all that apply):

Organization to Provide Electronic Fund Transfer Services

Establish an Automated Teller Machine (ATM)

1. Federal Employer Identification Number:	
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2. Full exact name of person, corporation, partnership, sole-proprietorship, or other entity, for which application is made:
2a. d/b/a (if applicable):

3. Mailing address:

Send correspondence attention to:			
Address:		Room #	
City/Town	State:	ZIP:	
Telephone: (    )	Fax: (    )	E-Mail	

4. Name of individual responsible for responding to all questions relating to this application:
Telephone number:
E-Mail:

5. Independent Sales Organization:	d/b/a (if applicable):	
Address:		
Room #		
City/Town	State:	ZIP:
Telephone: (    )	Fax: (    )	E-Mail

6. List the name and location of all data processing centers and central routing units, and if such centers or units are owned by another corporation, list the name and address of such corporation.

Data Processing Center Name:		d/b/a (if applicable):
Address:		Room #
City/Town	State:	Zip:

7. Has the applicant ever applied for a license to the Commissioner of Banks, or any other state agency, to do business in the Commonwealth?

Yes  No

If yes, what types were approved? Include license number(s) and/or approvals.

8. In the past ten years, has the applicant, any of its parent companies, subsidiaries, affiliates, senior officers, directors, principal stockholders/partners, beneficiaries (of a trust) or any other person responsible for the management of the licensed location regardless of title, had any criminal proceeding filed against him/her/it that resulted in any finding other than "not guilty" for, a felony or any misdemeanor, including, but not limited to, motor vehicle violations, in the Commonwealth of Massachusetts or in any other jurisdiction?

Yes  No

If yes, provide complete details in an addendum to this application.

9. Is the applicant, any of its parent companies, subsidiaries, affiliates, senior officers, directors, principal stockholders/partners, beneficiaries (of a trust) or any other person responsible for the management of the organization regardless of title currently a party to any pending criminal proceeding?

Yes  No

If yes, provide complete details in an addendum to this application.

**THE WORDS "CRIMINAL PROCEEDING" COVER ALL FELONIES AND ANY MISDEMEANORS, INCLUDING, BUT NOT LIMITED TO, MOTOR VEHICLE VIOLATIONS.**

**FAILURE TO FULLY AND COMPLETELY DISCLOSE REQUIRED CRIMINAL BACKGROUND INFORMATION REQUESTED IN THE TWO PREVIOUS QUESTIONS MAY RESULT IN DENIAL OF APPLICATION.**

10. Has the Commissioner of Banks, any other agency in the Commonwealth, any federal agency, or any agency of any other state ever denied, suspended, or revoked the license or registration of the applicant or its representative to engage in any regulated activity?

Yes  No

If yes, provide complete details in an addendum to this application. The information should include the following: name of agency, date of action, and reason for action.

11. Has any governmental or regulatory agency ever initiated an informal or formal regulatory action or order against the applicant or applicant's representative?

Yes  No

If yes, provide complete details in an addendum to this application. The information should include the following: name of agency,

date of action, and reason for action.

12. Has the applicant ever been enjoined or restrained by order of any court from engaging in any conduct or practice related to the arranging or extension of credit, collection of debt, transmission of money, cashing of checks, or any other financial activity?

Yes  No

If yes, provide complete details in an addendum to this application.

13. Submit a copy of all agreements between the applicant, merchant, independent sales organization, and/or central routing unit or data processing center.

14. Submit a financial statement which has been audited or reviewed by an independent certified public accountant (CPA), or internally prepared according to generally accepted accounting principles. The financial statement must include a statement of condition (balance sheet), income statement, and statement of cash flows, dated as of the most recent fiscal year end.

15. (ATM application only.) In a separate attachment, provide the following for each ATM location: complete address of the ATM location; whether or not the ATM will impose a surcharge; the amount of the surcharge (if applicable); and the terminal identification number.

16. (ATM application only.) Provide details of applicant's insurance coverage of the proposed ATM(s) and its customers.

17. (ATM application only.) Provide in a separate section marked "CONFIDENTIAL – NOT PUBLIC RECORDS-A", an outline of the security provisions for the protection of the ATM and the customers using it. On the cover, identify the owner/operator and the location address of the ATM.

18. Notarization

I, \_\_\_\_\_, a duly authorized officer of  
Name

\_\_\_\_\_  
(applicant)

Certify under the pains and penalties of perjury that all statements above, or attached hereto, are true to the best of my knowledge and belief.

\_\_\_\_\_  
(signature of applicant or authorized officer)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_ and made oath that the statements herein made are true.

(name of document signer),

Before me

\_\_\_\_\_  
Notary Public