

Money-Services Business Licence Application

This form is for any person or entity that operates a money-services business for payment and that must obtain a licence under the *Money-Services Businesses Act*. The licence is issued in French only.

A licence application must be filed for the following types of money services:

- currency exchange;
- funds transfer;
- the issue or redemption of traveller's cheques, money orders or bank drafts;
- cheque cashing;
- the operation of automated teller machines (ATMs).

The lessor of a commercial space intended as a location for an ATM must be licensed if the lessor is responsible for keeping the machine supplied with cash.

Documents to enclose

You must enclose with the application the **fees payable**¹ for the type(s) of money services included in the application as well as the following documents respecting the money-services business:

- a document describing its legal structure and, if applicable, the name of its parent company and all subsidiaries;
- its business plan and its financial statements for the last fiscal year, unless its only money services are the operation of ATMs;
- an official document confirming the naming of a respondent² for the money-services business.

You must also enclose a completed copy of form SM-3.A-V, *Declaration of a Person Associated With a Money-Services Business*, for every person associated with the money-services business.

Where to send the application

Send the application to:

Revenu Québec
C. P. 25900, succursale Terminus
Québec (Québec) G1A 0B9

For more information, see our website at revenuquebec.ca or contact our client services at 418 659-4692 (Québec City area), 514 873-4692 (Montréal area) or 1 800 567-4692 (toll-free).

1 Information about the money-services business

Québec enterprise number (NEQ)	Identification number	File
01a	01b	E M
Name		Area code Telephone
02c		02d
Business name, if different from name (If there is more than one business name, enclose a list of all business names used.)		
02e		

Business address

Street number	Street name or PO box	Suite
03		
City, town or municipality	Province	Postal code
04		05

Mailing address

Check this box if the mailing address is the same as the address above.

Street number	Street name or PO box	Suite
05a		
City, town or municipality	Province	Postal code
05b		05c

If the money-services business is operated by a natural person, enter his or her information below.

<input type="checkbox"/> Ms.	Last name	First name	Area code Telephone (home)
<input type="checkbox"/> Mr.	05d	05e	05f
10 Does the business have a head office or establishments in Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No			



2 Activities of the money-services business

Check the box(es) corresponding to the money services offered by the business.

- 11 Currency exchange
- 12 Cheque cashing
- 13 Funds transfer
- 14 Issue or redemption of traveller's cheques, money orders or bank drafts
- 15 Operation of ATMs

Describe the business's activities.

3 Background of the money-services business

In the last ten years, has the money-services business been found guilty **outside Québec** of a criminal or penal offence? Yes No

If you answered **yes**, provide details of the offence (including the court file number, the cause and the circumstances of the events respecting the offence, the date of the offence and the court's decision in the matter).

In the last ten years, has the money-services business been refused the right to operate or had its right to operate revoked or suspended or had conditions or restrictions imposed on it by a **Canadian or foreign** money-services regulator? Yes No

If you answered **yes**, describe the reasons that led to the revocation or suspension of the right to operate or describe the restrictions that were imposed in relation to the right to operate.



4 Information about employees whose duties are unrelated to the offer of money services

Enter the requested information for each employee of the money-services business whose duties are unrelated to the offer of money services.

You are not required to complete Part 4 if the money-services business is applying for a licence exclusively for the operation of ATMs.

If you need more space, enclose a separate copy of Part 4 of this form.

<input type="checkbox"/>	Position	<input type="text"/>	<input type="checkbox"/>	Date of birth	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		Y Y Y Y M M D D
<input type="checkbox"/>	Ms.	Last name	<input type="checkbox"/>	Mr.	First name
<input type="checkbox"/>			<input type="checkbox"/>		

Home address or head office address, as applicable

<input type="checkbox"/>	Street number	<input type="text"/>	<input type="checkbox"/>	Apartment or suite	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	City, town or municipality		<input type="checkbox"/>	Province	Postal code
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	Email		<input type="checkbox"/>	Area code	Telephone (home)
<input type="checkbox"/>			<input type="checkbox"/>		

<input type="checkbox"/>	Position	<input type="text"/>	<input type="checkbox"/>	Date of birth	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		Y Y Y Y M M D D
<input type="checkbox"/>	Ms.	Last name	<input type="checkbox"/>	Mr.	First name
<input type="checkbox"/>			<input type="checkbox"/>		

Home address or head office address, as applicable

<input type="checkbox"/>	Street number	<input type="text"/>	<input type="checkbox"/>	Apartment or suite	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	City, town or municipality		<input type="checkbox"/>	Province	Postal code
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	Email		<input type="checkbox"/>	Area code	Telephone (home)
<input type="checkbox"/>			<input type="checkbox"/>		

<input type="checkbox"/>	Position	<input type="text"/>	<input type="checkbox"/>	Date of birth	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		Y Y Y Y M M D D
<input type="checkbox"/>	Ms.	Last name	<input type="checkbox"/>	Mr.	First name
<input type="checkbox"/>			<input type="checkbox"/>		

Home address or head office address, as applicable

<input type="checkbox"/>	Street number	<input type="text"/>	<input type="checkbox"/>	Apartment or suite	<input type="text"/>
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	City, town or municipality		<input type="checkbox"/>	Province	Postal code
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	Email		<input type="checkbox"/>	Area code	Telephone (home)
<input type="checkbox"/>			<input type="checkbox"/>		



5 Information about establishments

Complete Part 5 if the money-services business has establishments at an address different from the address entered in Part 1. If you need more space, enclose a separate copy of Part 5 of this form.

28	Street number	Street name or PO box	Suite
29.1	City, town or municipality		Province
			Postal code
29.2			
29.3	Area code	Telephone	

30	Street number	Street name or PO box	Suite
31.1	City, town or municipality		Province
			Postal code
31.2			
31.3	Area code	Telephone	

32	Street number	Street name or PO box	Suite
33.1	City, town or municipality		Province
			Postal code
33.2			
33.3	Area code	Telephone	

6 Information about financial institutions

Provide the information requested about all financial institutions with which the money-services business does business. If you need more space, enclose a separate copy of Part 6 of this form.

34a	Account holder name	Account number	
34b			
34c	Financial institution name		
35	Street number	Street name or PO box	Suite
36.1	City, town or municipality		Province
			Postal code
36.2			

37a	Account holder name	Account number	
37b			
34c	Financial institution name		
38	Street number	Street name or PO box	Suite
39.1	City, town or municipality		Province
			Postal code
39.2			

40a	Account holder name	Account number	
40b			
40c	Financial institution name		
41	Street number	Street name or PO box	Suite
42.1	City, town or municipality		Province
			Postal code
42.2			



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7 Information about people associated with a lender that is neither a financial institution nor a natural person

Complete Part 7 for each person associated with a lender (that is neither a financial institution nor a natural person) of the money-services business. People associated with such a lender are its officers, directors or partners.

If more than one person is associated with a lender, enclose a copy of Part 7 of this form.

Enclose a copy of a photo ID for each person associated with the lender.

7.1 Information about the person associated with a lender

<input type="checkbox"/>	Ms.	Last name	First name	Date of birth
<input type="checkbox"/>	Mr.	43a	43b	43c
				Y Y Y Y M M D D
44.1	Street number	Street name or PO box	Suite	
45.1	City, town or municipality	Province	Postal code	45.2
45.3	Email	Area code	Telephone (home)	45.4
45.5	Name of lender			

7.2 Position(s) of the person associated with a lender

Check the box(es) that correspond to the position(s) of the person associated with the lender.

46 Director

47 Partner

48 Officer

7.3 Background of the person associated with a lender

Has the person associated with the lender been found guilty of a criminal offence outside Québec?..... Yes No

Has the person associated with the lender been found guilty of an offence under a tax law in the last ten years?..... Yes No

Has the person associated with the lender been found guilty of a criminal offence under any of sections 467.11 to 467.13 of the federal *Criminal Code*?..... Yes No

8 Information about the ATMs

If the money-services business operates one or more ATMs, complete Part 8 for each ATM. If you need more space, enclose a separate copy of Part 8 of this form.

8.1 Information about the ATM

49a	ATM serial number	49b	Make	49c	Model
50.1	Street number	Street name or PO box	Suite		
51.1	City, town or municipality	Province	Postal code	51.2	
52	Is the ATM stationary or mobile?	<input type="checkbox"/> Stationary	<input type="checkbox"/> Mobile		
53	Enter the maximum amount of cash the ATM can contain.....				



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54 Check the box corresponding to the ATM's location.

- 54.1 Bar
- 54.2 Shopping centre
- 54.3 Convenience store or service station
- 54.4 Grocery store
- 54.5 Festival, fair or exhibition
- 54.6 Restaurant
- 54.7 Other (specify): _____

55 Provide details about the location, if required (name of festival, precise location in the shopping centre, etc.).

8.2 Commercial lease

Is the ATM in a commercial space used by the money-services business as a tenant?..... Yes No

If you answered **yes**, and the lessor of the commercial space is responsible for supplying the ATM with cash, provide the requested information about the lessor.

56a	56b	I C	
<input type="checkbox"/> Ms.	Last name (if the lessor is a natural person)		Area code Telephone (home)
<input type="checkbox"/> Mr.	56c	56d	56e
Name of entity			Area code Business telephone
56f			56g
Street number		Street name or PO box	
57.1			Suite
City, town or municipality			Province Postal code
58.1			58.2

9 Certification

I certify that the information provided on this form and in any enclosed documents is accurate and complete.

I understand that any false or misleading statement, including deceit with respect to any useful fact, is an offence under section 66 of the *Money-Services Businesses Act*.

First and last name of the respondent (please print)	Signature	Position																
<table border="0" style="width: 100%; font-size: small;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Y	Y	Y	Y	M	M	D	D									Area code	Telephone
Y	Y	Y	Y	M	M	D	D											

Notes

1. Fees payable are set based on the type of money services offered by the business. The fees must be paid no later than March 31 of each year for each type covered by the licence. For more information, go to our website at revenuquebec.ca.
 - be domiciled in Québec or have a place of business or a place of work in Québec; and
 - meet any other condition set by regulation.
2. A person acting as a respondent must:
 - be a director, officer or partner of the money-services business;
 - be 18 years of age or over;
 - not be under tutorship or covered by a protection mandate;

A respondent for a money-services business that is not constituted under the laws of Québec and does not have its head office or an establishment in Québec does not need to be a director, officer or partner of the business but must be able to properly exercise a respondent's functions.



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