

**Illinois Department of Financial & Professional Regulation  
Division of Financial Institutions/Consumer Credit Section**

**Transmitter of Money Act (TOMA) Additional Location Information**

Type of Location (Authorized Seller or Other) \_\_\_\_\_

Please ensure that a check in the amount of \$10.00 is included. ***Processing will not continue without proper payment of fee.***

1-If activated between 7/1/15 and 8/15/15 please provide the activation date: \_\_\_\_\_

2- If Authorized Seller, what type of entity (Corporation, LLC, Other): \_\_\_\_\_

Note: If Corporation or LLC, please skip #14-#20 and mark them as N/A.

3-Authorized Seller/Other Location Name: \_\_\_\_\_

4- Authorized Seller/Other Location Internal Identification Number: \_\_\_\_\_

5- Authorized Seller/Other Location Tax ID: \_\_\_\_\_

6- Authorized Seller/Other Location Mailing Contact Name: \_\_\_\_\_

7- Authorized Seller/Other Location Address 1: \_\_\_\_\_

8- Authorized Seller/Other Location Address 2: \_\_\_\_\_

9- Authorized Seller/Other Location City: \_\_\_\_\_

10- Authorized Seller/Other Location State: \_\_\_\_\_

11- Authorized Seller/Other Location Zip Code: \_\_\_\_\_

12- Authorized Seller/Other Location Telephone #: \_\_\_\_\_

13- Authorized Seller/Other Location e-mail (if known): \_\_\_\_\_

14-Authorized Seller/Other Location Owner Name: \_\_\_\_\_

15-Authorized Seller/Other Location Owner Tax ID: \_\_\_\_\_

16-Authorized Seller/Other Location Address 1: \_\_\_\_\_

17-Authorized Seller/Other Location Address 2: \_\_\_\_\_

18-Authorized Seller/Other Location City: \_\_\_\_\_

19-Authorized Seller/Other Location State: \_\_\_\_\_

20-Authorized Seller/Other Location Zip Code: \_\_\_\_\_

21-Are Bill Payment Services offered at this location (yes or no): \_\_\_\_\_

22- Are Check Services offered at this location (yes or no): \_\_\_\_\_

23- Are Draft Services offered at this location (yes or no): \_\_\_\_\_

24- Are Foreign Currency Exchange Services offered at this location (yes or no): \_\_\_\_\_

25- Are Money Order Services offered at this location (yes or no): \_\_\_\_\_

26- Are Stored Value Card Services offered at this location (yes or no): \_\_\_\_\_

27- Are Travel Check Services offered at this location (yes or no): \_\_\_\_\_

28- Are Wire Transfer Services offered at this location (yes or no): \_\_\_\_\_

29- Are Other Services offered at this location (yes or no): \_\_\_\_\_

30- If above answer is "Yes" please provide details: \_\_\_\_\_

31-Attach a Sample agreement between Authorized Seller and Licensee: \_\_\_\_\_

***Processing will not continue without copy of sample agreement.***

***In accordance with 205 ILCS 657/75(b) a licensee shall not allow a person to act as its authorized seller until all applicable requirements have been complied with. Effective August 15, 2015 licensees will be notified when the Department has determined that the requirements have been complied with. Please be advised that any additional locations operating prior to proper notification would be in violation of statute.***

Please mail completed (1) information form, (2) applicable fee and (3) copy of sample agreement to the following address:

IDFPR/Division of Financial Institutions  
Consumer Credit Section  
100 W. Randolph, Suite 9-100  
Chicago, IL 60601