## STATE OF ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION DIVISION OF FINANCIAL INSTITUTIONS CURRENCY EXCHANGE SECTION

## **APPLICANT QUESTIONNAIRE**

All answers must be typewritten or legibly printed. All questions must be answered. Incomplete questionnaires will be returned.

1. Applicant's Name:			
	(First)	(Middle)	(Last)
2. Date of Birth:			
	(Month)	(Day)	(Year)
3. Place of Birth:			
	(City)	(State)	
4. Social Security Number:			
5. Business Address:			
	(Number and Street)	(City, State and Zip Code)	
Business Telephone: (	)		
6. Residence Address:			
	(Number and Street)	(City, State and Zip Code)	
Residence Telephone: (	)		
7. Occupation or Profession	n:		
		rk experience for the past ten (´nployer, position held, responsi	
<ol><li>Has any business you ow voluntarily or involuntarily</li></ol>		oyed at in an administrative cap	pacity been dissolved
If yes, give details (use add	itional sheet if necessary).		

10. Have you ever been indicted and/or convicted of or State Court?Yes No	f a crime in Federal	
A. If yes, give details (use additional sheet if necess	ary).	
B. In what Court?(Country)	(State)	(County)
C. Who was the presiding judge?		, ,,
D. Title of case and docket number:		
E. Disposition - date and details		
11. Have you ever been a witness before a Federal or S	State Grand Jury? Yes N	0
If yes, give details (use additional sheet if necessary).		
12. Have you ever been involved in a civil suit? Yes  A. If yes, when, where, date and explain in detail the fir	 _ No	
B. Title of case and docket number:		
13. Have you ever been involved in any civil litigation ar Exchange Act? (Please review copy of Act included v		
If yes, explain in detail (use additional sheet if necess	ary).	
14. Have you ever filed personal bankruptcy? Yes _	_ No	
A. If yes, give details (use additional sheet if necessary)	).	
B. In Court?(County)	(State)	
15. Have you ever been issued a State or local busines If Yes, Type When	s license? Yes No	
Where?		

16. Have you ever had a YesNo	State or	local busines	ss license suspended	or revoked?	
If yes, give details (use	e addition	al sheet if ne	ecessary).		
17. Has any business yo YesNo	u owned	or operated	been the subject of a	Federal or State Ir	nvestigation?
f yes, give details (use a	additional	sheet if nec	essary).		
	davits cor	mpleted by tv		of Illinois to whom	you are personally known
1)	(Name)		(Street, City and Zip Code)		(Occupation)
(Name)			(Street, City and Zip Code)		(Occupation)
			ifies and swears that	the information an	d statements set forth in th
oregoing document are	true and (	correct.		Ap	plicant's Signature
Subscribed and sworn to before me inwho					
aforesaid County and State, this			day of	A.D., 20	
NOTARIAL SEAL				Notary Public	
				Mv comm	ission expires: