STATE OF CALIFORNIA – DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION **SHORT FORM APPLICATION FOR A LICENSE UNDER CDDTL**

DFPI – CDDTL 2021 (Rev. 10-20)

(Telephone number)



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Rece	eipt No		-		
			THE RANSACTION LAW		
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(Fax number)

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		Provide the following	additional info	rmation for an	y mobile u	nit location:	
		(Manufacturer)	(Model)	(Year)	(Color)	(Vehicle Identification No. V	ΊΝ))
		(License P	Plate No.)		(Applio	cant Identifier (if any))	_
		Proposed area in whi	ich the mobile	unit will opera	te:		_
	3.	The FULL first, middin charge of this local		e name, so in	dicate) an	d last name of the individual	
*		(Last Name)		(First Name	e)	(Middle Name)	
		Section 23008), alor Protection and Innov 23006). If a Stateme Department of Finan provide another form permit prior to Janua been making deferre on file with the Califo Questionnaire but do	ng with a finger vation and the ent of Identity a cial Protection a. (Financial Cary 1, 2003 issued deposits price not need to posits price on the end of	print card obta cost of fingerp and Questionn and Innovation ode Section 2 ued pursuant to or to January ent of Justice, rovide new fir	ained from print proces naire has a on for this in 23008.) Ch to Civil Coo 1, 2003 an must prov ngerprint ca	ttached (Financial Code the Department of Financial ssing (Financial Code Sectio Iready been provided to the ndividual, there is not need to neck cashers that held a valid de Section 1789.37, that have do that fingerprint information ide a Statement of Identity are ards for persons who already ancial Code Section 23100.)	n o e e
4.		Please indicate by m in the applicant's pla Financial Protection	n of business	previously sub		been or will be ANY CHANG the Department of	E
		Yes (please e	explain)				
		No					
5.		Please provide licens Transaction license h			ne other Ca	alifornia Deferred Deposit	
		File #	Address				

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6.	applicable) c	of the person to co		number, and e-mail a application. The licen I .	`
	Attention:				
		(Name)	(Title)	(Telephone Nu	ımber)
	(Number and	d Street)	(City)	(State)	(Zip Code)
	Email Addre	ss:			
Californ Comm change the app filed wi effective of the control	nia Deferred issioner of File of its officer olication refle ith the Commule date of the qualifications ant acknowled original applicational	Deposit Transactinancial Protections, directors, or an cting such change issioner of Financichange, the nam of each successodges that the Sho	ion Law and rules ad and Innovation, and y persons named in e shall within sixty da cial Protection and Ir es of the persons in or person. (Financial rt Form Application se e under the California	to comply with the relopted, and orders issifurther agrees that in this application, that ays from the date of the inovation setting forthwolved in the change Code Sections 2300 supplements the information of the change of the information of	sued, by the on the event of any an amendment to he change, be on the change, the and a statement 108, 23010.)
Protect	tion and Inno	vation authorizing		d by the Commission in business under th fornia.	
•	oplicant has d nto duly autho	•	oplication to be signe	d on its behalf by the	undersigned,
thereto Section confide	which are no n 250.9.1, Chentiality of cer fidential treat	ot designated as diapter 3, Title 10, tain documents n	confidential are subj California Code of F nay be requested pu	es that this application ect to public inspections. A request result to Section 250 n making such request.	on pursuant to st for 0.10. If a request
attache		filed therewith, ar		egoing application, inc s thereof, and that the	
				(Appli	cant)
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				(Typed	Name)

(Title)