

# Legal Entity Application for Business Account



(Check one)    New Customer    Existing Customer    Exempt

## PART I

Name of Legal Entity

Type of Legal Entity (Corporation, LLC, etc.)?

Tax Identification #

Physical Address

Mailing Address

Phone Number

Email Address

Website

## PART II

Where do you currently do your banking?

What is the purpose of the account (Operations, Payroll, etc.)?

What does the business do?

Will you be conducting marijuana or CBD oil related business?    Yes    No

Will you be conducting business with individuals or businesses that are marijuana or CBD oil related?    Yes    No

## Part III

What is the Expected Annual Revenue?

Anticipated banking transactions:

Cash

Checks

Debit Card transactions

ACH Transactions

Domestic Wires

International Wires

To/from what countries

Online Banking

Credit Card

Remote Deposit Capture

Lottery Ticket Sales

Expected annual sales \$

Electronic transfer services (ex: Western Union)

## Part IV

### Types of products anticipated

Business Checking	Commercial Money Market
Commercial Analysis	Business Certificate of Deposit
Commercial Super NOW	Business Loan
Business Savings Account	Other

## PART V

### Privately Held ATM's (complete when customer has ATM on premise not owned by a bank)

Does the business have any private ATM machines located on the premise?      Yes      No

Who owns the ATM?

ATM maximum withdrawal limit per day?

Does business restock the ATM with cash?

If no, who restocks the ATM?

We will need the following:

- Copy of ATM agreement with sponsoring entity
- Exact physical location(s) or the ATM(s)
- Copy of state registration (if required by state)
- Copy of three months ATM activity statements
- Description of currency servicing arrangements including how cash is being replenished (store proceeds, armored car, etc.)

## REGULATION GG – INTERNET GAMBLING

Does your business engage in internet gambling? Internet gambling means placing, receiving or otherwise knowingly transmitting a bet or wager by any means which involves the use, at least in part, of the Internet,

Yes      No

If yes, please provide evidence of your legal authority to engage in an Internet gambling business, such as:

- The businesses license expressly authorizing it to engage in an Internet gambling business.
- A third party certification stating the business member's system for engaging in an Internet gambling business is reasonably designed to ensure the business member's Internet gambling business will remain within the licensed or otherwise lawful limits, including with respect to age and location verification.
- A written commitment by the business member to notify Platte Valley Bank of any changes in its legal authority to engage in its Internet gambling business.

## Money Service Business Questionnaire

Is your business involved in any of the following?

**Currency dealer or currency exchanger:** A person who engages in the physical exchange of currency for a retail customer.

Yes    No

**A check casher:** A person who cashes checks.

Yes    No

**Issuer, seller, or redeemer of Travelers' Checks:** A person who issues, sells, or redeems travelers' checks.

Yes    No

**Issuer, seller, or redeemer of money orders:** A person who issues, sells, or redeems money orders.

Yes    No

**Issuer or seller of stored value or prepaid access cards:** A person who issues or sells stored value or prepaid access cards.

(Stored value or prepaid access – funds or monetary value represented in digital electronic format and stored or capable of storage on electronic media in such a way as to be retrievable and transferrable electronically.)

Yes    No

If you answered YES, do you sell under a "prepaid access program"?

Yes    No

If you answered YES, can you identify sales to any one person over \$10000?

Yes    No

**A money transmitter:** A person, whether or not licensed or required to be licensed, who engages as a business in accepting currency or funds denominated in currency, and transmits the currency or funds through a financial agency or institution, a Federal Reserve Bank, or an electronic funds transfer network.

Yes    No

If you answered YES to any of the above questions, **does your business engage in transactions GREATER than \$1000 for any one person on any one day in one or more transactions?**

Yes    No

If yes, your business is considered an MSB and must be registered with the Federal Government. Have you registered with the Federal Government?

Yes    No

## Part VI

### Beneficial Ownership (If Corporation, Partnership or LLC)

Persons opening an account on behalf of legal entity must provide the following information:

Please complete A, B, C and D

A. Name & Title of Person Opening Account:

B. Name & Type of Legal Entity for Which the Account is Being Opened:

C. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationships or otherwise, owns 25% or more of the equity interests of the legal entity listed above. Do not put entities.

If no individual meets this definition, please write "Not Applicable or N/A"  
Nonprofit Corporations do not have 25% owner section, move to Part D

1. Name

Physical Address (Residential or Business Street Address)  
Date of Birth  
\*Social Security Number  
Copy of ID Provided

2. Name

Physical Address (Residential or Business Street Address)  
Date of Birth  
\*Social Security Number  
Copy of ID Provided

3. Name

Physical Address (Residential or Business Street Address)  
Date of Birth  
\*Social Security Number  
Copy of ID Provided

4. Name

Physical Address (Residential or Business Street Address)  
Date of Birth  
\*Social Security Number  
Copy of ID Provided

\*If Non US Person use SSN, Passport Number or similar number

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D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior management (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Member, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions

If appropriate, an individual listed under Part C above may also be listed in this section (D)

Name  
Physical Address (Residential or Business Street Address)  
Date of Birth  
\*Social Security Number  
Copy of ID Provided

\*If Non US Person use SSN, Passport Number or similar number

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## Authorized Signers

### Signer #1 (optional)

Legal Name:	E-mail:
Title/Position:	Cell Phone:
Social Security Number:	DL#:
Date of Birth:	State of Issuance:
Mother's Maiden Name:	Issue Date:
Physical Address:	Expiration Date:
Mailing Address:	

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### Signer #2 (optional)

Legal Name:	E-mail:
Title/Position:	Cell Phone:
Social Security Number:	DL#:
Date of Birth:	State of Issuance:
Mother's Maiden Name:	Issue Date:
Physical Address:	Expiration Date:
Mailing Address:	

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### Signer #3 (optional)

Legal Name:	E-mail:
Title/Position:	Cell Phone:
Social Security Number:	DL#:
Date of Birth:	State of Issuance:
Mother's Maiden Name:	Issue Date:
Physical Address:	Expiration Date:
Mailing Address:	