

CHECK CASHING

BRANCH OFFICE APPLICATION

Ohio Check-Cashing Act

Ohio Revised Code Chapter 1315.21 to 1315.30, 1315.99 and 1321.21
Ohio Administrative Code Chapter 1301:8-8



Ohio Department Of Commerce

Division Of Financial Institutions

77 South High Street, 21st Floor

Columbus, Ohio, 43215-6120

Telephone: (614) 728-8400

www.com.state.oh.us/dfi

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

For DFI Use Only
Issue Date _____
File ID _____

CHECK CASHING BRANCH OFFICE APPLICATION

Ohio Revised Code Chapter 1315.21 to 1315.30, 1315.99 and 1321.21

Ohio Administrative Code Chapter 1301:8-8

This application is for a Branch office only

Print Or Type in Blue or Black Ink

ANSWER ALL QUESTIONS. IF NOT APPLICABLE, PLEASE INDICATE.

1. Name of Licensee _____
(Must be same business entity as original license)

Federal Tax ID Number _____

2. Fictitious name or d/b/a, if applicable _____

3. Address of Branch Office to be licensed _____

City or Township _____ State _____ County _____ Zip Code _____ Telephone No. (____) _____
 (Physical Location)

4. Indicate the days and business hours of this proposed office? _____

5. Home Office Business Address _____

6. Check Cashing Home Office License No. _____ Telephone No. (____) _____

7. Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Audited Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. This financial statement **must** be in the exact business name and entity as indicated in application questions 1 and 2 and indicate a net worth of at least twenty-five thousand dollars (\$25,000). All assets must consist and belong only to this entity; i.e., if a sole proprietor is indicated, it may **not** include a spouse's assets or any jointly owned assets.

8. Submit a fee schedule indicating this branch name and address.

9. Submit copies of receipts indicating this branch name and address.

For DFI Use Only		Fee: \$750 if license is issued from 1/1 to 6/30 or	
		Fee: \$500 if license is issued from 7/1 to 12/31	
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 110-CC	Pay-In # _____	Deposit Date _____	RS: 2999
TC: 80-CC	Pay-In # _____	Deposit Date _____	RS: 2999

CHECK CASHING BRANCH OFFICE APPLICATION

Ohio Revised Code Chapter 1315.21 to 1315.30, 1315.99 and 1321.21

Ohio Administrative Code Chapter 1301:8-8

(Continued)

Company Name: _____

NOTARIZATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: _____

SS:

COUNTY OF: _____

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and any attachments have been prepared or carefully examined and approved by me (us) and that these constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

Printed Name (Person 1)

Printed Name (Person 2)

Signature (Person 1)

Signature (Person 2)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

NOTE: Application Fee: \$750 if license is issued from 1/1 to 6/30 or
\$500 if license is issued from 7/1 to 12/31

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For DFI Office Use Only

Date application approved _____

By _____, Superintendent

"An Equal Opportunity Employer and Service Provider"

RESOLUTION

(TO BE ADOPTED BY CORPORATIONS ONLY)

(Name of Corporation)

A CORPORATION, AT A MEETING OF ITS BOARD OF DIRECTORS, HELD AT _____

ON THE _____ DAY OF _____, 20____, PURSUANT TO
LAWFUL NOTICE OR WAIVER THEREOF and at which meeting a quorum for the transaction of
business was present, adopted the following resolution:

“BE IT RESOLVED, that _____
(Name and Corporate Title)

and _____
(Name and Corporate Title)

of _____ be authorized
(Name of Corporation)

and directed to complete an application for and on behalf of the corporation for a _____
(Type of Application)

_____ Certificate of Registration or License issued under Ohio law, and to affix their
signatures to the application.”

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of
Directors and all information supplied above is complete, truthful and correct.

By _____
Corporate Secretary (Signature) (Date)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

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