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"

CC Branch 10-27-2005

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 T ype in Blue or Black Ink ANSWER ALL QUESTIONS. IF NOT APPLICABLE, PLEASE INDICATE.

Check Cashing Home Office License No			(Must be same busines	s entity as origina	l license)	
Address of Branch Office to be licensed State	Federal Tax ID N	lumber				
Address of Branch Office to be licensed State						
City or Township State County Zip Code Telephone No. () (Physical Location) Indicate the days and business hours of this proposed office? Home Office Business Address Telephone No. () Check Cashing Home Office License No Telephone No. () Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. This is tatement must be in the exact business name and entity as indicated in application questions 1 and 2 and indicate a n of at least twenty-five thousand dollars (\$25,000). All assets must consist and belong only to this entity; i.e., is proprietor is indicated, it may not include a spouse's assets or any jointly owned assets. Submit a fee schedule 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	Fictitious name of	r d/b/a, if applicable				
Home Office Business Address Check Cashing Home Office License No Telephone No. () Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. This statement must be in the exact business name and entity as indicated in application questions 1 and 2 and indicate a n of at least twenty-five thousand dollars (\$25,000). All assets must consist and belong only to this entity; i.e., is proprietor is indicated, it may not include a spouse's assets or any jointly owned assets. Submit a fee schedule 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	Address of Branc	ch Office to be licensed				
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Check Cashing Home Office License No						
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	nareate the days	and outsiness nours of this	proposed office.			
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Check No Amount Date Rec. By	Submit copies of	receipts indicating this bra	anch name and address.	n 1/1 to 6/30 or		7
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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:			
	NOTAL	RIZATION	
At least two partAt least two men	olicant is a sole propri ners if the applicant is	s a partnership; limited liability company(if applicable	e); or
STATE OF:			
COUNTY OF:			
Under penalties of perjury, I (We), the unoprepared or carefully examined and approxinformation requested by the Ohio Division substantial misrepresentation will be groun of Financial Institutions, and could result prosecution.	ved by me (us) and the of Financial Institution ds for denial of this a	nat these constitute a complete, truthf ons. I (We) understand that any false pplication or revocation of any licens	ul, and correct statement of all or fraudulent representation or e granted by the Ohio Division
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 origin	aal	Notary Public PRINTED Name	
		Notary Public SIGNATURE	
		My Commission Expires	
NOTE: Application Fee:		ued from 1/1 to 6/30 or ued from 7/1 to 12/31	
<u>WARNING</u> : It is a crime to pro	vide a false statemen	t to a government official or public	agency. R.C. 2921.13.
For DFI Office Use Only			
Date application approved		Ву	, 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 B	OARD OF DIRECTORS, HI	ELD AT
ON THEDA	Y OF, 20	, PURSUANT TO
LAWFUL NOTICE OR WAIVER THEREOF	and at which meeting a quot	rum for the transaction of
business was present, adopted the following resol	ution:	
"BE IT RESOLVED, that(Name and Corporate ?	Title)	
and(Name and Corporate Title)		
of		be authorized
of(Name of Corporation)		
and directed to complete an application for and or	n behalf of the corporation fo	r a (Type of Application)
Certificate of Registration	n or License issued under Ol	hio law, and to affix their
signatures to the application."		·
organism of the upproduction		
NOTA	ARIZATION	
STATE OF:		
~	SS:	
COUNTY OF:		
I swear or affirm that the above resolution accura Directors and all information supplied above is comp	•	proceedings of the Board of
By_		
	Corporate Secretary (Signature	e) (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 SIGNATU	RE.
	·	
	My Commission Expires	

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Financial Statement

Check One:
___ Corporation
___ Sole Proprietor
__ Partnership
__ L.L.C.

Applicant:	
Address:	
Financial condition as of :	
(Must b	pe within 90 days of application)
ASSETS	LIABILITIES & NET WORTH
Cash on hand\$	Notes payable to banks ⁶
Cash in Banks ¹	secured \$\$
U.S. Government Securities ²	unsecured
Listed Securities ²	Notes Payable
Unlisted Securities ²	Accounts Payable
Accounts Receivable Net ³	Accrued Interest Payable
Notes Receivable Net ³	Accrued Taxes
Real Estate Owned ⁴	Mortgages Payable ⁶
Furniture, Fixtures & Equipment	Other Liabilities - Itemize
Vehicles ⁵	
Other Assets - Itemize	
	Total Liabilities
	Net Worth
Total Assets\$	

- 1. Attach a detailed schedule of bank accounts and a copy of the bank statements as of (or the date closest to) the date of this financial statement
- 2. Attach a detailed schedule for each securities category and a broker's statement as of (or the date closest to) the date of this financial statement for the securities held in street name.
- 3. Attach a detailed schedule of accounts receivable and notes receivable net of uncollected amounts. Pawn Brokers should include their pawns under accounts receivable
- 4. Attach a detailed schedule of real estate owned by location indicating book value, purchase price, and appraised value at time of purchase
- 5. Attach a detailed schedule of vehicles indicating their book value and NADA (Blue Book) documentation establishing current market value
- 6. Attach a detailed schedule of notes and mortgages payable and provide documentation from the bank of the unpaid balances as of the date of this financial statement.

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