

# CHECK CASHING

## MAIN 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



Mail the completed application, accompanying materials, and any filing fee to:

Department of Commerce  
Division of Financial Institutions  
77 South High Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215-6120  
Telephone: (614) 728-8400  
<http://www.com.state.oh.us/dfi/>

**WARNING:** It is a crime to knowingly provide a false statement to a government official or public agency.  
Revised Code 2921.13.

*"An Equal Opportunity Employer and Service Provider"*

## CHECK CASHING MAIN OFFICE APPLICATION

DO NOT USE FOR BRANCH LOCATION, RELOCATION, OR CHECK CASHING LOAN LICENSE.

1. Name of Applicant under Which Business Will be Transacted: \_\_\_\_\_  
 \_\_\_\_\_

2. Federal Tax ID Number: \_\_\_\_\_

3. DBA, Trade or Fictitious Name. Submit a copy of the certificate issued by the Ohio Secretary of State.  
 \_\_\_\_\_  
*(If applicable)*

4. Address of Business to be Licensed: \_\_\_\_\_  
*(Give building name, if any, and street address)*

City or Township \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
*(Physical Location)*

Telephone No. (\_\_\_\_) \_\_\_\_\_

Website Address: http:// _____	Is the Website interactive?
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Internet E-Mail Address: _____	Is the Website transactional?
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(a) Is the address to be licensed zoned for this type of business? Yes  No  If not, explain why. \_\_\_\_\_  
 \_\_\_\_\_

5. Mailing Address, if different from above: \_\_\_\_\_

Telephone Number, if different from above: \_\_\_\_\_

6. Name of Parent Company, if any: \_\_\_\_\_

Address \_\_\_\_\_

7. Type of legal entity:  
 Individual     Corporation     Partnership     Limited Liability Company     Other

<b>For DFI Use Only</b>		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: 70-CC	Pay-In # _____	Deposit Date _____	RS: 2999
TC: 80-CC	Pay-In # _____	Deposit Date _____	RS: 2999

8. The following documentation must be submitted with this application. If applicant is a:

**PARTNERSHIP**

- 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security number or federal tax IDs of each senior officer and each partner indicating their percent of ownership. Mark this attachment "SCHEDULE B."
- 2) Include a copy of the recorded Partnership Agreement and a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) Each partner and senior officer must complete and submit:
  - A properly completed SCHEDULE A Disclosure Form (included in application), and
  - A fingerprint background check (instructions included with application).

**CORPORATION**

- 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security numbers or federal tax IDs of each senior officer (*i.e.* Chief Executive Officer, Chief Financial Officer, Chief Lending Officer, President, Executive Vice President, Secretary, etc...). Mark this attachment "SCHEDULE B."
- 2) Include a copy of the Articles of Incorporation and a copy of a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) List on a separate sheet(s) of paper, the names of ALL persons (including corporations) who hold (beneficially or otherwise) 5% or more of the outstanding voting shares. Include the percent of ownership for each. Mark this (these) pages "SCHEDULE BB."
- 4) Each 5% owner and senior officer must complete and submit:
  - A properly completed SCHEDULE A Disclosure Form (included in application), and
  - A fingerprint background check (instructions included with application).

**LIMITED LIABILITY COMPANY**

- 1) List on separate sheet(s) of paper, the names, official titles, residential addresses, and social security numbers or federal tax IDs of each senior officer and each member indicating their percent of ownership. Mark this attachment "SCHEDULE B."
- 2) Submit a copy of the Articles of Organization and a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) Each member and senior officer must complete and submit:
  - A properly completed SCHEDULE A Disclosure Form (included in application), and
  - A fingerprint background check (instructions included with application).

**SOLE PROPRIETOR**

- 1) List on a separate sheet of paper, the name, residential address, and social security number of the sole proprietor.
- 2) The owner must submit with this application:
  - A properly completed SCHEDULE A Disclosure Form (form included in application) and
  - A fingerprint background check (instructions provided with application).

**ANY OTHER LEGAL ENTITY**

Contact the Division of Financial Institutions to determine which documents are required. 614-728-8400.

9. If a corporation, answer the following:

(a) Date incorporated \_\_\_\_\_ Under the laws of the State of \_\_\_\_\_

(b) Address of Main Office \_\_\_\_\_  
(Street and Number) (City) (State)

(c) Classifications and amount of shares authorized by Articles of Incorporation as amended to date:

	Par	Authorized	Outstanding
Common _____	_____	_____	_____
Preferred _____	_____	_____	_____
Amount of any subordinated debt outstanding \$ _____			

(d) Under what corporate name is subordinated debt issued \_\_\_\_\_

10. If applicant is a foreign corporation:

Does applicant hold a currently valid license, issued by the Secretary of the State of Ohio, to transact business as a foreign corporation in Ohio? Yes  No  Please submit a copy with this application. If applicant does not have this certificate, contact the Ohio Secretary of State at (614) 466-3910.

11. 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. Section 1315.23(B)(1) of the Ohio Revised Code requires each applicant to have available for the operation of such business a net worth of at least twenty-five thousand dollars (\$25,000). This financial statement **must** be in the exact business name and entity as indicated in application questions 1 and 2. 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.

12. Will any other type of business be operated from this proposed location? Yes  No

(If answer is yes, attach separate sheet marked "**Schedule 12**", explaining type of other business that will be conducted.)

13. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

(If answer is yes, attach a separate sheet marked "**Schedule 13**", giving complete details.)

14. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

(If answer is yes, attach a separate sheet marked "**Schedule 14**", giving complete details.)

15. Has applicant, or have any partners, members, corporate officers or directors of applicant, ever been arrested for, charged with or convicted of any violation of any federal, state or local criminal statute? Yes  No

(DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.)

(If answer is yes, attach a separate sheet, marked "**Schedule 15**", giving a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint.)

16. Submit your proposed fee schedule that indicates this proposed address and that is in compliance with the Ohio Check Cashing Act and related Regulations.

17. Submit a sample or copy of your check endorsement stamp that indicates applicant will be in compliance with Section 1315.25 of the Ohio Revised Code.

18. Indicate your statutory agent in this state upon whom may be served all judicial and other process or legal notices directed to the applicant:

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(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone) \_\_\_\_\_

19. Name of the proposed office manager \_\_\_\_\_  
(Name)

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(Residence Address) \_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_ (Phone) \_\_\_\_\_

Attach a separate sheet, marked “**Schedule 19,**” detailing manager’s related business experience and if the manager is knowledgeable regarding the Ohio Check Cashing Act (Ohio Revised Code Sections 1315.21 - 1315.30).

20. Indicate the days and business hours of this proposed office? \_\_\_\_\_

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21. Indicate the full business name as it will appear on the outside sign of the proposed office: \_\_\_\_\_

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22. Verify that the response indicated in application question #3 is correct regarding the city, village or township, and is not just the mailing address.

The proposed office will be located in what political subdivision (Pursuant to U.S. Post Office or the local Engineer’s Office):

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(City, Village, Township)

23. Indicate the location where all business advertising copies, scripts, videos, etc. will be maintained.

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(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

24. Will all of the records, files, payments, etc. pertaining to business made pursuant to Sections 1315.21-1315.30 of the Ohio Revised Code be maintained at this location? Yes  No

25. Please list all telephone numbers, including 800 numbers, for the corporate headquarters: \_\_\_\_\_

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26. Are any applications for any other licenses or certificates of registrations now pending with this Division?

Yes  No

If yes, identify on separate sheet marked “**Schedule 26.**”

27. Please list any other states in which the applicant conducts check cashing business: \_\_\_\_\_

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Please submit copies of these state licenses, certificates, letters of authority or approval of such.

28. The name(s) and phone number(s) of the person(s) to contact regarding this application: \_\_\_\_\_

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29. Title 31 Code of Federal Regulations (31 CFR part 103), requires certain Money Services Businesses (MSBs), which includes some **Check Cashers**, to register with the Financial Crimes Enforcement Network (FinCEN), of the U.S. Department of the Treasury.

You must declare whether you are **exempt** or **not exempt** from MSB registration with the FinCEN.

Exempt  Not Exempt

- a) **If company is exempt**, please include an explanation for your basis of exemption.
- b) **If company is not-exempt**, include a copy of the acknowledgement letter from the Department of the Treasury; IRS Detroit Computing Center

## CHECK CASHER APPLICANT ATTESTATION

**Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this CHECK CASHER MAIN OFFICE APPLICATION and ALL attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial Institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

Signature

Date

**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"*

**CONSUMER FINANCE SCHEDULE A**  
**(NOT to be used in conjunction with MORTGAGE BROKER FILINGS)**  
**Disclosure Form**

**Filing Instructions:**

For purposes of filings associated with **check cashers, check casher lenders, credit service organizations, pawnbrokers, precious metals dealers, premium finance companies, second mortgage lenders, & small loans companies**, the following natural persons must each submit a separate **Consumer Finance Schedule A**:

- Corporation**, each senior officer, and anyone who owns 5% or more of the business
- Partnership**, every partner and each senior officer
- L.L.C.**, each member and each senior officer
- Sole Proprietor**, the owner

**Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.**

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(Name of Applicant Company)

1. Name \_\_\_\_\_  
(Full name and any and all alias, AKA and FKA of person completing this form)
  - (a) Social Security Number \_\_\_\_\_
  - (b) Date of Birth \_\_\_\_\_
  
2. Your Title: senior officer, partner, member, sole proprietor, or person holding 5% or more interest in applicant \_\_\_\_\_  
\_\_\_\_\_
  
3. Residence address for the last ten years. (Use Addendum – Residence History if needed)  
  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
4. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Addendum – Employment History if needed)  
  
From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
  
From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_
  
5. Have you ever been discharged or requested to resign from any position? Yes  No

If yes, furnish details:  
\_\_\_\_\_

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6(a). Have you ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or have you ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction?

Yes  No

6(b). Have you ever been an officer, or more than 5% owner or director of any organization which has had a license, certificate, application, approval to conduct business, or any other type of authority, denied, revoked, suspended or refused to be renewed or has been fined by any state or federal regulatory agency or court in relation to any claim of misconduct in a business transaction?

Yes  No

If you answered yes to either question 6(a) or 6(b), furnish details. Include dates, nature of offense(s), court, and disposition:

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7(a). Have you ever been arrested for, charged with, convicted of, or pleaded guilty to, any criminal offense involving theft, receiving stolen property, embezzlement, forgery, fraud, passing bad checks, money laundering, or drug trafficking, or any criminal offense involving money or securities?

Yes  No

7(b). Have you ever been directly or indirectly connected with any organization which has been convicted of any criminal offense? Include MISDEMEANOR and FELONY offenses from ANY state or the federal government. NOTE: DUIs and DWIs are criminal offenses.

Yes  No

If you answered yes to either question 7(a) or 7(b), submit a detailed explanation of the facts and circumstances which gave rise to each incident and for: (i) **any conviction** provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) **any guilty plea** provide a certified copy of the plea agreement; and (iii) **any pending criminal charges** provide a certified copy of the indictment or criminal complaint.

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8(a). Have you ever been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty?

Yes  No

8(b). Have you ever been directly or indirectly connected with any organization which has been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty?

Yes  No

**If you answered yes to either question 8(a) or 8(b), furnish details. Include dates, nature of offense(s), court, and disposition:**

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9(a). Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes  No

9(b). Have you ever been directly or indirectly connected with any organization which has ever filed for bankruptcy, been insolvent, or filed for protection from its creditors? Yes  No

If you answered yes to either question 9(a) or 9(b), please furnish details, including dates, nature of offense(s), court, disposition, and include a copy of the disposition or discharge from the court:

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# ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this CONSUMER FINANCE SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

*"An Equal Opportunity Employer and Service Provider"*

# CONSUMER FINANCE SCHEDULE A

## ADDENDUM

### Residential History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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

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# CONSUMER FINANCE SCHEDULE A

## ADDENDUM

### Employment History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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# Financial Statement

**Check One:**

- Corporation
- Sole Proprietor
- Partnership
- L.L.C.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Financial condition as of : \_\_\_\_\_

*(Must be within 90 days of application)*

## ASSETS

## LIABILITIES & NET WORTH

Cash on hand.....\$ \_\_\_\_\_

Cash in Banks<sup>1</sup> ..... \_\_\_\_\_

U.S. Government Securities<sup>2</sup> ..... \_\_\_\_\_

Listed Securities<sup>2</sup> ..... \_\_\_\_\_

Unlisted Securities<sup>2</sup> ..... \_\_\_\_\_

Accounts Receivable Net<sup>3</sup> ..... \_\_\_\_\_

Notes Receivable Net<sup>3</sup> ..... \_\_\_\_\_

Real Estate Owned<sup>4</sup> ..... \_\_\_\_\_

Furniture, Fixtures & Equipment ..... \_\_\_\_\_

Vehicles<sup>5</sup> ..... \_\_\_\_\_

Other Assets - Itemize ..... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Assets.....\$ \_\_\_\_\_

Notes payable to banks<sup>6</sup>

secured.....\$ \_\_\_\_\_

unsecured..... \_\_\_\_\_

Notes Payable ..... \_\_\_\_\_

Accounts Payable ..... \_\_\_\_\_

Accrued Interest Payable ..... \_\_\_\_\_

Accrued Taxes ..... \_\_\_\_\_

Mortgages Payable<sup>6</sup>..... \_\_\_\_\_

Other Liabilities - Itemize ..... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Liabilities..... \_\_\_\_\_

Net Worth ..... \_\_\_\_\_

Total Liabilities & Net Worth.....\$ \_\_\_\_\_

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.*

# COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. NOTE: it is not necessary for sole proprietors to submit a company resolution.)

\_\_\_\_\_  
(Name of Company)

AT A MEETING OF ITS \_\_\_\_\_ HELD AT \_\_\_\_\_  
(members, partners, managers, trustees or board of directors)

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, the

following was duly adopted:

“**BE IT RESOLVED**, that \_\_\_\_\_  
(Name of Individual and Company Title)

or \_\_\_\_\_  
(Name of Individual and Company Title)

Of \_\_\_\_\_  
(Name of Company)

Be authorized and directed by the Company's members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

## CERTIFICATION

The undersigned hereby certifies that he/she is the \_\_\_\_\_ Secretary of \_\_\_\_\_, a company organized and existing under the laws of the State of \_\_\_\_\_; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By \_\_\_\_\_  
(Company Secretary – Signature)

Date \_\_\_\_\_

Company Seal

# **Ohio Division of Financial Institutions**

## **Background Check/Fingerprints Explanation and Instructions**

(To be used by non-mortgage broker & loan officer applicants)

Applicants seeking licensure as check cashers, check casher lenders, credit service organizations, pawnbrokers, precious metals dealers, premium finance companies, second mortgage lenders, & small loans companies must have criminal background checks completed as part of the application process. Applicants must include a **STATE CHECK from EACH state in which they resided or worked during the past 5 years.** Background check results must be sent directly to the Division of Financial Institutions (DFI) from the background check provider or government agency conducting the check. DFI will not accept criminal background checks submitted directly by the applicants.

**If your workplace or your place of residence has been located outside Ohio anytime during the last five years, you must also have a national FBI background check completed.** (See Revised Code 121.08(K)).

**Criminal background checks are required for the following individuals:**

- **Corporation**, each senior officer, and anyone who owns 5% or more of the business
- **Partnership**, every partner and each senior officer
- **L.L.C.**, each member and each senior officer
- **Sole Proprietor**, the owner

**OHIO APPLICANTS** - DFI has entered agreements with independent providers for the electronic fingerprinting and scanning system known as “WebCheck” and “National WebCheck.” Each provider has a system that scans applicants’ fingerprints and electronically transmits the prints to the Ohio Bureau of Criminal Identification & Investigation (BCII) for review. The results of the records review are communicated to DFI by the provider or by BCII directly. The provider that takes fingerprints charges a processing fee for its service. Please note that the providers’ fees are not part of the DFI application/investigation fees.

You may view a current list of providers with which DFI has entered agreements by going to DFI’s web site located at <http://www.com.state.oh.us/dfi/MortgageBrokerLoanOfficerforms.aspx>. Please note that some providers may be able to accommodate a national FBI check, as well as a BCII check.

**If you are an Ohio resident, but have lived or worked outside Ohio during the past 5 years, you will also need to obtain a state criminal history report from the law enforcement department in each state in which you have resided or worked AND a national FBI check.**

**OUT-OF-STATE APPLICANTS** – If you are an out-of-state applicant, you must furnish a state criminal history report from the law enforcement department in each state in which you have resided or worked. **In addition, if you have lived or worked outside Ohio during the past five years, you will also need to obtain a national FBI criminal background report.**

**NATIONAL FBI CHECK:** Applicants needing to have a national FBI criminal background check completed have two options:

View the provider list noted above for providers that offer “National WebCheck” for electronic fingerprinting. This is the fastest method to obtain results.

Request an FBI fingerprint card from DFI. Take the card to your local law enforcement agency to be printed. Mail the card along with a **money order or certified check for \$24 payable to “Treasurer, State of Ohio”** to:

**Ohio Bureau of Criminal Identification and Investigation**  
**Post Office Box 365**  
**London, Ohio 43140**

Cash, personal, third party or starter checks will not be accepted. There is a minimum 45 day turnaround for this option.