

**CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION OR  
PARTNERSHIP**

**CHANGE OF OWNERSHIP**

**Check Casher  
Check Cash Lender  
Credit Service Organization  
Pawnbroker  
Precious Metals Dealers  
Premium Finance  
Second Mortgage Loan  
Small Loan**

**(Mortgage Brokers, please refer to the MB Change of Ownership Form)**



**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/>**

**CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION OR PARTNERSHIP**

**CHANGE OF OWNERSHIP  
INSTRUCTIONS**

**THE FOLLOWING INFORMATION MUST BE IMMEDIATELY SUBMITTED TO THE OHIO DIVISION OF FINANCIAL INSTITUTIONS WHEN A CHANGE OF OWNERSHIP OCCURS. THERE IS NO FILING FEE AND THE ORIGINAL LICENSE (CERTIFICATE) SHOULD NOT BE RETURNED. PLEASE SUBMIT ALL DOCUMENTATION AS REQUESTED, INCLUDING INFORMATION FOR EACH OWNER AND OFFICER, AT THE SAME TIME.**

- 1. Company Minutes** – Provide a copy of the company minutes and resolution authorizing the sale and/or transfer of ownership interest.
- 2. Schedule of Owners/Members/Partners** – Prepare a schedule of owners/members/ partners showing their percent of ownership prior to, and after, the sale and/or transfer of interest in the company.
- 3. Schedule of Officers** – Prepare a schedule of officers showing the officers prior to, and after, the sale. Include their name, title, residential address and Social Security Number.
- 4. Criminal Background Report** – Each new officer/owner must have a criminal background check completed. (See attached instructions.)
- 5. Schedule A** – Each new officer/owner/partner/member must complete a Schedule A. (See attached form.)
- 6. Acknowledgement from Bonding Company**
  - **Credit Service Organization** - Provide a letter from the bonding company acknowledging that they have been notified of the change in ownership.
  - **Pawnbroker or Precious Metals Dealer** – If meeting the financial responsibility requirement with a surety bond, provide a letter from the bonding company acknowledging that they have been notified of the change in ownership.
- 7. Company Information Form** – Complete and return. (See attached.)
- 8. Statutory Agent Authorization** – If the change in ownership has resulted in a change in the duly appointed Ohio Statutory Agent, please provide a copy of the change request submitted to the Ohio Secretary of State.
- 9. Authorization for Change in Ownership** – Submit a copy of any amendments to articles of incorporation, articles of organization, trust agreement, partnership agreement, operating agreement, or other organizational documents.

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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/>**

# **Ohio Division of Financial Institutions**

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

(To be used by non-mortgage broker & non-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.

**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 may be construed as an intentional failure to disclose a material fact and may be sufficient grounds for denial.**

(Name of Applicant Company)

1. Name: \_\_\_\_\_  
(Full name and any and all aliases, AKA and FKA of person completing this form)

Social Security Number: \_\_\_\_\_ 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: \_\_\_\_\_

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

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

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.

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Signature

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Date

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Printed Name

**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"*

# 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

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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 \_\_\_\_\_

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*"An Equal Opportunity Employer and Service Provider"*

# Company Information

In our continuing effort to better serve the industries we regulate, we are requesting your assistance by providing the following information for our database file.

*Please type or print using blue or black ink only.*

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
Doing Business As (DBA)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
( ) ( )

\_\_\_\_\_  
Telephone No. Fax No.

\_\_\_\_\_  
Mailing Address, if different from above

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

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Company Website E-mail Address

Is website interactive? Yes  No  Is the Website transactional? Yes  No

## Company Contacts

\_\_\_\_\_  
**Annual Report Contact (Small Loan Act and OMLA Only)** ( )  
Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

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

\_\_\_\_\_  
**Complaint Contact** ( )  
Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

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

\_\_\_\_\_  
**Statutory Agent** ( )  
Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

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

\_\_\_\_\_  
**Compliance Contact** ( )  
Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

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

\_\_\_\_\_  
**Renewal Contact** ( )  
Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

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