

SMALL LOAN

RELOCATION APPLICATION

Ohio Small Loan Act

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99
Ohio Administrative Code Chapter 1301:8-2



Ohio Department of Commerce Division of Financial Institutions

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Columbus, Ohio, 43215-6120

Telephone: (614)728-8400

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"

For DFI Use Only
Issue Date _____
File ID _____

SMALL LOAN RELOCATION APPLICATION

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99
Ohio Administrative Code Chapter 1301:8-2

Print or Type in Blue or Black Ink
This application is for a **Relocation** only

1. Name of Licensee _____
(Must be same business entity as original license.)
 - (a) License Number _____
 - (b) Federal Tax ID Number _____

2. Fictitious name or DBA, if applicable _____

3. Present Address of Licensee _____
(As stated on license)

City, Village or Township _____ State _____ County _____ Zip Code _____

 - (a) Indicate your present License Number: SL- _____

4. Relocation To _____
City, Village or Township _____ State _____ County _____ Zip Code _____
(Physical Location)
 - (a) Is the address to be licensed zoned for this type of business? Yes _____ No _____ IF NOT, A NEW LICENSE CANNOT BE ISSUED.

5. The date of the proposed relocation _____
(This application must be submitted at least 30 days prior to the effective move date.)

6. Indicate the proposed business hours and days of this location _____
Telephone Number _____

7. Will all books, records, files, etc. from business conducted under your present license be transferred to the new location?
Yes _____ No _____ If no, attach a separate sheet marked "**Schedule 8**", giving complete details.

8. Upon receipt of your Relocation License you **must** return your present license.

PLEASE MAKE CHECKS PAYABLE TO THE "OHIO DIVISION OF FINANCIAL INSTITUTIONS"

For DFI Use Only	Fee:	If there is a change in the political sub-division, the following fees apply:		
		\$325 if license is issued from January 1st to June 30th		
		\$450 if license is issued from July 1st to December 31st		
Check No. _____	Amount _____	Date _____	Rec. By _____	
TC: 100-SL	Pay-In # _____	Deposit Date _____	RS: 2341-01	
TC: 80-SL	Pay-In # _____	Deposit Date _____	RS: 2341-01	

SMALL LOAN RELOCATION APPLICATION

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99

Ohio Administrative Code 1301:8-2

(Continued)

Company Name: _____

The undersigned hereby swears or affirms that this application and any attachments have been prepared or carefully reviewed by me and that these constitute a complete, truthful, and correct statement of all information requested herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution.

Printed Name

Title

Date

Signature

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For DFI Office Use Only

Date application approved _____ By _____, Superintendent

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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)

(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