Department of Commerce
Division of Financial Institutions
John R. Kasich, Governor
Andre T. Porter, Director

INSTRUCTIONS FOR 2015 CHECK CASHING LICENSE RENEWAL

November 2014

CC.XXXXXX
Name

Address
City state zip

User ID: xxxxxxx
Password: xxxxxxx

Check Cashing Licenses issued by the Division of Financial Institutions (Division) will expire December 31, 2014. To continue engaging in the activities of a Check Cashing Licensee, you must renew your license with the Division. A renewal application will be considered timely if received by the Division PRIOR to January 1, 2015. Please keep a copy for your records. **If the renewal application is not received prior to January 1, 2015, it may be necessary to pay a monetary penalty.**

Although the Division encourages you to renew online at https://elicense2-secure.com.ohio.gov/ you also have the option of submitting a renewal application in paper format. If you choose to submit a paper renewal application, you may download a copy of the renewal application packet by going to http://www.com.ohio.gov/documents/fiin_2015checkcasherrenewalnotice.pdf . Please note that, upon submission to the Division of an online or paper renewal application, the Division will review the application for deficiencies and completeness. As a consequence, merely submitting an application does not guarantee approval of your license renewal.

ONLINE RENEWALS: In order to renew your Check Cashing License online, you must submit the application fee via VISA or MasterCard or use an Automated Clearing House (ACH) transaction. If you choose to use the ACH to pay your renewal fee, you are authorizing the Division to issue a charge against the checking account number you provide. DO NOT PROVIDE A SAVINGS ACCOUNT NUMBER.

By typing a name in the "signature line" of the online renewal application, you are affixing your signature. A signature used in connection with an electronic filing shall have the same legal effect as a manual signature. The person "signing" the electronic renewal application must be designated in the company resolution attached to the electronic renewal application.

If you file your renewal online, it is your obligation to ensure the electronic filing is duly completed and submitted timely. "Last minute" attempts to renew online that encounter technical difficulties – and, consequently, are not renewed timely – are the responsibility of the applicant. **THE DIVISION IS NOT RESPONSIBLE FOR TECHNICAL DIFFICULTIES THAT RESULT IN LATE FILINGS.**

A renewal application packet – either in paper or electronic format – consists of the following:

- **Renewal application form with attestation and signature;**
- **Renewal fee of $500 for each licensed location;**
- **Company resolution;**
- **Roster of licensed locations, IF APPLICABLE;**
- **Confirmation that the addresses of licensed locations on the roster are correct; and**
- **Financial statement indicating the condition of the company dated within ninety days of the date the renewal application is submitted.**

Please contact the Division's Consumer Finance Section at (614) 728-8400 should you have any questions.

77 South High Street
21st Floor
Columbus, Ohio 43215-6120 U.S.A.

614 | 728 8400
Fax 614 | 644 1631
TTY/TDD 800 | 750 0750
www.com.ohio.gov

An Equal Opportunity Employer and Service Provider

2015 CHECK CASHING LICENSE RENEWAL APPLICATION

Check Cashing Name: _____

License Number: CC. _____

Email Address of Person to contact regarding this renewal application: _____

Total Number of Licensed Locations, including Main Office and all Branch Office Locations, **to be renewed**: _____

Total Fees Paid ($500 x Total Number of Locations to be renewed): _____

REMINDER: AS MANADATED BY FINCEN, IT IS NECESSARY THAT YOU RENEW YOUR MONEY SERVICE BUSINESS (MSB) REGISTRATION FOR 2015 WITH THE FEDERAL DEPARTMENT OF THE TREASURY. You must go to the federal web site to do this. http://bsaefiling.fincen.treas.gov/FAQs.html FAILURE TO RENEW YOUR MSB REGISTRATION FOR 2015 MAY CAUSE DELAYS IN PROCESSING YOUR CHECK CASHING LICENSE RENEWAL APPLICATION OR MAY CAUSE THE DIVISION TO INITIATE ADMINISTRATIVE ENFORCEMENT ACTION AGAINST YOU.

Read each question carefully and respond by indicating "Yes" or "No". For "Yes" responses, provide a written explanation detailing the relevant facts and circumstances – even if you have previously submitted information. If the space provided is not sufficient to provide a complete response, attach additional sheets. To expedite processing of your application, provide copies of documentation supporting your responses. Even if you have disclosed information to the Division previously, provide the information requested on this renewal. Providing a response to "see file" or "previously submitted" may delay the processing of your renewal.

1. Has the applicant or any five per cent owner, officer, director or control person of the licensee **EVER** been charged with, or pled guilty or nolo contender to, any misdemeanor **or** felony offense in domestic, foreign, or military court? Yes ☐ No ☐ If "Yes", explain: _____

2. Has the applicant, any five per cent owner, officer, director or control person **EVER** been found liable in a civil matter in any domestic, foreign, or military court with regard to any financial matter? Include personal and business related judgments and tax related matters? Yes ☐ No ☐ If "Yes", explain: _____

3. Has the applicant or any owner, officer, director or control person **EVER** been sanctioned in any manner by a government agency? Sanctions may include, fines, suspension, revocation or denial of a license or registration, or the imposition of a cease and desist order. Terminology may differ among government agencies, so if in doubt, disclose the information? Yes ☐ No ☐ If "Yes", explain: _____

4. Is the roster of licensed Check Cashing office locations **AND** addresses accurate? Yes ☐ No ☐ If "No", update the roster by crossing through the incorrect address(es) and writing in the new address(es).

5. Has there been any change in the business form, ownership or control of the Licensee since the 2014 renewal? Yes ☐ No ☐ If "Yes", explain: _____

6. Have all necessary filings been maintained at the Ohio Secretary of State's Office **AND** does the company remain in good standing? Yes ☐ No ☐ If "No", explain: _____

Under penalties of perjury, to the best of my knowledge, the undersigned hereby acknowledges and attests that this Check Cashing License Renewal application, including the Financial Statement and any other attachments, constitutes a complete, truthful, and correct statement of information requested herein. I understand any false or fraudulent representation or

substantial misrepresentation may be grounds for revocation of any license granted by the Division of Financial Institutions and could result in other legal action initiated against me, including but not limited to criminal prosecution.

On behalf of the APPLICANT, I further undertake that the APPLICANT herein understands that, in obtaining a license, the APPLICANT and its agents or employees are familiar with, understand, and are bound by the applicable provisions of the Revised Code and Ohio Administrative Code.

The APPLICANT understands and attests that the records pertaining to the Check Cashing business will be maintained for two calendar years. On behalf of the Applicant, I understand a Check Cashing Licensee remains subject to this requirement after the cessation of business.

_____

Signature Date

_____ Printed Name

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 _____, 2013, 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 _____, 2013, 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)

_____

Printed Name

Date _____

CHECK CASHING FINANCIAL STATEMENT

- Must reflect financial condition of Check Cashing Licensee **AS OF A DATE WITHIN NINETY DAYS** of submission of the 2015 License Renewal Application.
- Net worth must be calculated according to Generally Accepted Accounting Principles (GAAP). If net worth, calculated according to GAAP, is less than twenty-five thousand dollars, the Check Cashing Licensee cannot renew.
- As part of the Division's review of this financial statement in conjunction with the Check Cashing renewal application, the Division may request that independent documentation be provided to support the financial statement or request that an audited financial statement be provided.
- **DO NOT LEAVE ANY LINES BLANK!** Insert a "zero", as necessary.

Name of Check Cashing Licensee**:** _____

License Number: CC. _____

Financial Statement as of: _____

ASSETS		LIABILITIES & NET WORTH	
Liquid Assets:		**Liabilities:**	
Cash on Hand…….…….…….	**$**_____	Notes Payable to Banks secured....	**$**_____
Cash in Banks……...…	_____	Notes Payable to Banks unsecured.	_____
Short Term Investments….……..	_____	Notes Payable Other …….....	_____
Listed Securities…….....	_____	Accruals……..	_____
Receivables Net……..……	_____	Taxes unpaid or accrued…….....	_____
Inventory……...	_____	Mortgage payable on Real Estate…	_____
Prepaid Expenses……..	_____	Other Liabilities-Itemize	
Real Estate Owned……	_____	_____	_____
Equipment…….	_____	_____	_____
Automobiles……..…	_____	_____	_____
Other Assets-Itemize		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	**Total Liabilities…….**	_____

_____ _____ **Equity/Net Worth…….. _____**

Total Assets…….. **$_____** **Total Liabilities & Net Worth….. $_____**

Under penalties of perjury, to the best of my knowledge, the undersigned hereby acknowledges and attests that this Financial Statement constitutes a complete, truthful, and correct statement of information requested herein. I understand any false or fraudulent representation or substantial misrepresentation may be grounds for revocation of any license 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