

CREDIT SERVICE ORGANIZATION

MAIN OFFICE APPLICATION

Ohio Credit Service Organization Act

Ohio Revised Code Sections 1321.21, 4712.01 to 4712.14, and 4712.99



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

Department of Commerce
Division of Financial Institutions
77 South High Street, 21st 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"

For DFI Use Only

Issue Date _____

File ID _____

CREDIT SERVICE ORGANIZATION APPLICATION

Ohio Revised Code Sections 1321.21, 4712.01 to 4712.14, and 4712.99

Print or Type in Blue or Black Ink

DO NOT USE FOR A RELOCATION OR CHANGE OF ADDRESS.

1. Name of Applicant: _____
(If not a corporation, give the name under which business will be conducted.)

2. Federal Tax ID Number: _____

3. DBA, Fictitious or Trade Name: _____
Submit a copy of the trade name or fictitious name certificate issued by the Ohio Secretary of State.

4. Address of business to be registered: _____
(Give building name, if any, and street address)

City or Township _____ State _____ County _____ Zip Code _____
(Physical Location)

Telephone Number (____) _____

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 registered zoned for this type of business? Yes No If not, a Certificate cannot be issued.

5. Mailing Address, if different from above _____

Phone 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

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).

For DFI Use Only		Fee: \$100	
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 70-CS	Pay-In # _____	Deposit Date _____	RS: 2342

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) Classification 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 certificate, 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, please contact the Ohio Secretary of State at (614) 466-3910 to make application.

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

(If answer is yes, attach separate sheet marked "Schedule 11", explaining what type of other business will be conducted.)

12. Is applicant, or any other corporation, association, or partnership with which applicant is associated or affiliated, the holder of a Credit Repair/Improvement License, Non-mortgage Broker License, a Credit Services Organization License, or have the authority to conduct these or similar types of business in this state or any other state? Yes No

(If answer is yes, attach separate sheet marked “**Schedule 12**”, giving the name(s) of the license holder(s), indicate state(s) in which licensed, and submit copies of these licenses (or letters of approval or authorization issued by the other states).

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.)

See also Question 26.

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 submit 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. Please submit your proposed “pre-contract” written statement that is in compliance with Section 4712.04 and a copy of your proposed contract that is in compliance with Section 4712.05 with both indicating applicant’s name and address as stated on application questions 1 & 3.

DO NOT ORDER EITHER OF THE ABOVE UNTIL INSTRUCTED BY THE DIVISION TO DO SO.

17. Each individual applicant, partnership, or corporation L.L.C., as applicable, must complete and submit evidence of a \$50,000.00 surety bond required under Section 4712.06 of the Ohio Revised Code on the attached bond form. This bond must be maintained and in effect for at least two years after the date on which the applicant ceases to conduct business in this state. Please review Section 4712.06 for further information.

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

(Name)	(Address)
(City)	(State) (Zip Code) (Phone)

19. Name of the proposed office manager _____
- | | | |
|---------------------|-------------------------|---------|
| (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 Credit Services Organization Act (O.R.C. Sections 4712.01 - 4712.14).

20. Indicate the days and business hours of the proposed office: _____

21. 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 21".)

22. Show the full business name as it will appear on the outside sign of the proposed office: _____

23. Verify that the response indicated in application question #4 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.)

(City, Village, or Township)

24. Will all of the records, files, payments, etc. pertaining to this application, made pursuant to Sections 4712.01 - 4712.14 of the Ohio Revised Code, be maintained at this location? Yes No If no, indicate the registered location where the records will be kept.

(Address) (City) (State) (Zip Code)

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

(Address) (City) (State) (Zip Code)

26. Pursuant to Ohio Revised Code Section 4712.02(A)(3)(a), you must provide a full and complete disclosure of any litigation commenced against your company or unresolved complaints that relate to the operation of your company and that are filed with the attorney general, the secretary or state, or any governmental authority of the United States, this state, or any other state of the United States.

27. Indicate immediate area operations supervisor _____
(Name)

(Business Address) (Phone)

28. Please list the 800 telephone number, if any, for the corporate headquarters _____

29. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

CREDIT SERVICE ORGANIZATION APPLICANT ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this CREDIT SERVICE ORGANIZATION 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

For DFI Office Use Only

Date application approved _____

By _____, Superintendent

"An Equal Opportunity Employer and Service Provider"

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

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.

(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:

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:

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.

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:

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:

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

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"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 _____
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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.**