

# PRECIOUS METALS DEALERS

## APPLICATION

### Ohio Precious Metals Dealers Act

Ohio Revised Code Sections 1321.20; 1321.21; 4728.01 to 4728.14, 4728.99  
Ohio Administrative Code 1301:8-6



### Ohio Department Of Commerce Division Of Financial Institutions

77 South High Street, 21st Floor  
Columbus, Ohio, 43215-6120  
Telephone: (614)728-8400  
[www.com.state.oh.us/dfi](http://www.com.state.oh.us/dfi)

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

*"An Equal Opportunity Employer and Service Provider"*

# PRECIOUS METALS DEALERS APPLICATION

Ohio Revised Code Sections 1321.20; 1321.21; 4728.01 to 4728.14, 4728.99  
Ohio Administrative Code 1301:8-6

*Print or Type in Blue or Black Ink*  
**Do Not Use** For Relocation.

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

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

3. Fictitious name or d/b/a, if applicable \_\_\_\_\_  
Submit a copy of the trade name or fictitious name certificate issued by the Ohio Secretary of State.

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, a license can not be issued.

5. Mailing Address, if different from above \_\_\_\_\_  
Phone Number, , if different from above \_\_\_\_\_

6. Name of parent company, if any \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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.

<b>For DFI Use Only</b>		Fee: \$350 if license is issued from 1/1 to 6/30	
		Fee: \$500 if license is issued from 7/1 to 12/31	
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 70-PM	Pay-In # _____	Deposit Date _____	RS: 2111-02
TC: 80-PM	Pay-In # _____	Deposit Date _____	RS: 2111-02

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 Organization 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. 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. These financial statement which **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 joint assets. Section 4728.03(B) of the Ohio Revised Code requires each applicant to have available for the operation of such business a net worth of at least ten thousand dollars (\$10,000), **or** a \$10,000 surety bond that is in compliance with Section 4728.03(B)(2).

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 what type of other business will be conducted).

13. Is applicant, or any other corporation, association, or partnership with which applicant is associated or affiliated, the holder of a precious metal dealer's license, pawnbroker license, or second-hand dealers 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 13,**" 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.)

14. 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 14,**" giving complete details.)

15. 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 15,**" giving complete details.)

16. 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 civil or criminal statute? Yes  No

(DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS)

(If answer is yes, attach a separate sheet, marked "**Schedule 16,**" 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.)

17. Submit a copy of your proposed purchase form to be used in this business. **DO NOT ORDER ANY FORMS UNTIL YOUR APPLICATION IS APPROVED.**

18. In accordance with section 4728.03 of the Ohio Revised Code, indicate your statutory agent and complete the "Consent to Service & Jurisdiction".

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

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

Attach separate sheet, marked "**Schedule 19,**" detailing manager's related business experience and if the manager is knowledgeable regarding the Ohio Precious Metal Dealer's Act (Ohio Revised Code Sections 4728.01 - 4727.14).

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

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

22. 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)

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

\_\_\_\_\_  
\_\_\_\_\_

**NOTARIZATION**

**NOTE:** This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and all attachments have been prepared or carefully examined and approved by me (us) and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

\_\_\_\_\_  
Printed Name (Person 1)

\_\_\_\_\_  
Printed Name (Person 2)

\_\_\_\_\_  
Signature (Person 1)

\_\_\_\_\_  
Signature (Person 2)

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

**NOTE: Application Fee:** \$350 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"*

**RESOLUTION**

(TO BE ADOPTED BY CORPORATIONS ONLY)

\_\_\_\_\_  
*(Name of Corporation)*

A CORPORATION, AT A MEETING OF ITS BOARD OF DIRECTORS, HELD AT \_\_\_\_\_  
\_\_\_\_\_  
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, adopted the following resolution:

“BE IT RESOLVED, that \_\_\_\_\_  
*(Name and Corporate Title)*

and \_\_\_\_\_  
*(Name and Corporate Title)*

of \_\_\_\_\_ be authorized  
*(Name of Corporation)*

and directed to complete an application for and on behalf of the corporation for a \_\_\_\_\_  
*(Type of Application)*

\_\_\_\_\_ Certificate of Registration or License issued under Ohio law, and to affix their  
signatures to the application.”

**NOTARIZATION**

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of  
Directors and all information supplied above is complete, truthful and correct.

By \_\_\_\_\_  
*Corporate Secretary (Signature) (Date)*

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public PRINTED Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

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# SCHEDULE A Disclosure Form

## Filing Instructions:

The following must submit separate Schedules:

**Corporation**, every 5% owner and senior officer must file a separate "Schedule A."

**Partnership**, every partner and senior officer must file a separate "Schedule A."

**L.L.C.**, each member and senior officer must file a separate "Schedule A."

**Sole Proprietor**, the owner must file a "Schedule A."

**Operations Manager**, the operations manager under the Ohio Mortgage Broker Act must file a "Schedule A" for a new company or when there is a change in the operations manager.

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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(Insert Name of **Applicant**)

1. Name \_\_\_\_\_  
(Insert full name and any and all alias, A/K/A and F/K/A of **person filing this form**)  
  
(a) Social Security Number of **person filing this form** \_\_\_\_\_
  
2. Title \_\_\_\_\_  
(Your Title—officer, partner, member, sole proprietor, person holding 5% or more interest in applicant, and/or operations manager)
  
3. Citizenship \_\_\_\_\_  
(Furnish date, city, state, country of birth, and Social Security number. If foreign born, also furnish date and place of naturalization.)
  
4. 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 \_\_\_\_\_
  
5. 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 \_\_\_\_\_
  
6. Have you ever been discharged or requested to resign from any position? Yes  No

If yes, furnish details:

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- 7(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

- 7(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 7(a) or 7(b), furnish details. Include dates, nature of offense(s), court, and disposition:

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- 8(a). Has the applicant ever been convicted of, or plead guilty to, **any criminal offense**? Or does the applicant presently have any **criminal charges pending**? Exclude minor misdemeanor traffic and parking offenses. (DUIs and DWI's are criminal offenses.) Yes  No
- 8(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 8(a) or 8(b), 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. (*See instructions for Question 16 of the Mortgage Broker Main Office Application for answers to "Frequently Asked Questions."*)

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- 9(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
- 9(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 9(a) or 9(b), furnish details. Include dates, nature of offense(s), court, and disposition:

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- 10(a) Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes  No
- 10(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 10(a) or 10(b), furnish details. Include dates, nature of offense(s), court, and disposition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NOTARIZATION

State of \_\_\_\_\_

SS.

County of \_\_\_\_\_

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this 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.

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

\_\_\_\_\_  
Signature

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public PRINTED name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

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**SCHEDULE A**  
**ADDENDUM**  
**Residence History**

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 \_\_\_\_\_

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# SCHEDULE A

## ADDENDUM

### Employment History

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

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# Financial Statement

<b>Check One:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.
--

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

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

Financial condition as of : \_\_\_\_\_  
*(Must be within 90 days of application)*

ASSETS	LIABILITIES & NET WORTH
Cash on hand ..... \$ _____	Notes payable to banks <sup>6</sup>
Cash in Banks <sup>1</sup> ..... _____	secured ..... \$ _____
U.S. Government Securities <sup>2</sup> ..... _____	unsecured ..... _____
Listed Securities <sup>2</sup> ..... _____	Notes Payable ..... _____
Unlisted Securities <sup>2</sup> ..... _____	Accounts Payable ..... _____
Accounts Receivable Net <sup>3</sup> ..... _____	Accrued Interest Payable ..... _____
Notes Receivable Net <sup>3</sup> ..... _____	Accrued Taxes ..... _____
Real Estate Owned <sup>4</sup> ..... _____	Mortgages Payable <sup>6</sup> ..... _____
Furniture, Fixtures & Equipment ..... _____	Other Liabilities - Itemize ..... _____
Vehicles <sup>5</sup> ..... _____	_____
Other Assets - Itemize ..... _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Assets ..... \$ _____	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.*

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**PRECIOUS METALS DEALERS  
CONSENT TO SERVICE AND JURISDICTION**

Ohio Revised Code Sections 4728.01 to 4728.14, 4728.99  
Ohio Administrative Code 1301:8-6

*Print or Type in Blue or Black Ink*

**NOTE:** This Consent must be signed by:

- The owner if applicant is a sole proprietor;
- Two partners if the applicant is a partnership;
- Two members if applicant is a limited liability company(if applicable); or
- Two officers if the applicant is a corporation.

The person or corporation named in the foregoing application, being applicant for a license under the provision of the Dealers in Precious Metals Act of Ohio do(es) hereby appoint \_\_\_\_\_  
*(Name in Full)*  
whose residence address is \_\_\_\_\_ in the city of \_\_\_\_\_ Zip \_\_\_\_\_  
*(Number and Street)*  
a resident of the State of Ohio and County of \_\_\_\_\_  
of which business of applicant is to be located, as agent upon whom may be served all judicial and other process or legal notice directed to applicant; and in case of the death, removal from the state, or other legal disability or disqualification of such agent, such service may be made upon the Superintendent of the Division of Financial institutions of the State of Ohio.

**IN WITNESS WHEREOF**, the undersigned have hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ and acknowledge that I (we) have authority to sign this Consent.

\_\_\_\_\_  
*Printed Name (Person 1)*

\_\_\_\_\_  
*Printed Name (Person 2)*

\_\_\_\_\_  
*Signature (Person 1)*

\_\_\_\_\_  
*Signature (Person 2)*

**NOTARIZATION**

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

I, the undersigned, do hereby accept the above appointment as agent of the applicant for service of all judicial and other process or legal notice directed to applicant.

\_\_\_\_\_  
*(Signature of Agent)*

Before me, a Notary Public in and for said state and county, personally appeared the above named \_\_\_\_\_  
*(Name of Agent)*

and acknowledged that the acceptance of the foregoing appointments is his voluntary act and deed.

**IN TESTIMONY WHEREOF**, I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Notary Public)*

My commission expires: \_\_\_\_\_

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*“An Equal Opportunity Employer and Service Provider”*

# PRECIOUS METALS DEALERS BOND

**NOTE CAREFULLY AND FOLLOW INSTRUCTIONS:**

If the applicant is a corporation, the corporate name must be used at the beginning of the bond describing the principal, and the bond must be executed on behalf of the corporation by the president and secretary and the seal affixed. If the applicant is a partnership, all partners must sign. If a sole proprietorship, the owner must sign. If a L.L.C., all members must sign.

The authority of the agent of the bonding company to sign such bond shall be attached, together with the last financial statement of the surety company.

**WHEREAS** \_\_\_\_\_  
*(Name of Applicant)*

\_\_\_\_\_  
*(Street and Number)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(Zip)* \_\_\_\_\_ *(County)*  
the principal herein has made application to the Division of Financial institutions of the State of Ohio for a license to conduct the business provided for in Sections 4728.01 to 4728.14, inclusive, of the Revised Code of Ohio; and

**WHEREAS** the applicant is required by law to execute a bond to the State of Ohio in the penal sum of Ten Thousand Dollars and file the same with the Division of Financial institutions, now, therefore,

**KNOW ALL MEN BY THESE PRESENTS:**

That \_\_\_\_\_  
*(Name of Applicant)*  
of the City of \_\_\_\_\_, State of \_\_\_\_\_, as the Principal, and \_\_\_\_\_  
*(Bond Company)*  
\_\_\_\_\_ of \_\_\_\_\_  
*(Complete Address)* \_\_\_\_\_ as surety are

held and firmly bound unto the State of Ohio in the penal sum of Ten Thousand Dollars (\$10,000.00) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, assigns and successors firmly by these presents.

Signed by the said \_\_\_\_\_  
*(Name of Applicant)*  
as Principal, and by the said \_\_\_\_\_  
*(Bond Company)*  
as Surety, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

The condition of the above obligation is such that if the said \_\_\_\_\_  
*(Name of Applicant)*

its/his owners, members, directors, officers, agents, or employees shall faithfully observe and comply with all of the provisions of the aforesaid sections, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until the date in which the principal ceases to conduct business; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Division of Financial institutions for a period of thirty days prior to the day fixed in said notice of cancellation.

**BOND FORM CONTINUED ON NEXT PAGE**

**PRECIOUS METALS DEALERS  
BOND**

(continued)

Any person claiming to be injured by a violation of any of the above sections may maintain an action on this bond.

The bond number is \_\_\_\_\_.  
The effective date of the bond is \_\_\_\_\_  
and will expire on \_\_\_\_\_.

PRINCIPAL

\_\_\_\_\_  
*(Name of Applicant)*

By \_\_\_\_\_  
*(Signature) (Title) (Date)*  
Print Name & Title

By \_\_\_\_\_  
*(Signature) (Title) (Date)*  
Print Name & Title

By \_\_\_\_\_  
*(Signature) (Title) (Date)*  
Print Name & Title

SURETY

By \_\_\_\_\_  
*(Signature) (Title) (Date)*  
Print Name & Title

By \_\_\_\_\_  
*(Signature) (Title) (Date)*  
Print Name & Title

ATTESTATION OF BOND COMPANY AGENT

I swear or affirm that all information supplied is complete, truthful, correct and that the bond as described above has been issued to the principal in the name and address stated for the period indicated.

State of \_\_\_\_\_  
County of \_\_\_\_\_ SS:

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
*(Signature of Notary)*

My commission expires \_\_\_\_\_

## 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

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

*"An Equal Opportunity Employer and Service Provider"*

# Ohio Division of Financial Institutions

## Background Check/Fingerprints Explanation and Instructions

In the processing of applications, the Division of Financial Institutions conducts criminal background checks on the following individuals:

- **Corporation**, every 5% owner and senior officer
- **Partnership**, every partner and senior officer
- **L.L.C.**, each member and senior officer
- **Sole Proprietor**, the owner
- **Operations Manager**, the operations manager under the Ohio Mortgage Broker Act for a new company or when there is a change in the operations manager
- **Loan Officers**, the loan officer under the Ohio Mortgage Broker Act

### How do you get your fingerprints taken?

#### In-State Applicants

The Division of Financial Institutions has established relationships with independent companies for the electronic fingerprinting and scanning system known as “WebCheck.” Each company has a system that scans applicants’ fingerprints and electronically transmits the prints to the Bureau of Criminal Identification and Investigation (BCI&I) for review. Results of the records review are communicated directly back to the Division via secured data lines within two business days. The company where the fingerprints are taken charges a processing fee for this service, which is not part of the DFI application/investigation fee. To find the location nearest you and other information regarding this service contact the companies directly.

Please see our website at [www.com.state.oh.us/dfi](http://www.com.state.oh.us/dfi) under “Forms” for Consumer Finance for the “**Current List of Providers and Locations.**”

#### Out-of-State Applicants:

If your place of residence is located outside Ohio, you must furnish a statewide criminal history report from your state’s law enforcement department. The records check must be verified on the law enforcement agency’s stationery or computer printout. The reporting agency must send the report directly to the Division of Financial Institutions.

#### **IMPORTANT NOTE:**

If you have resided in your current state less than 5 years, you are required to provide a background check from each state you resided in during the past 5 years. The background check **must** be sent directly to the Division from the background check provider. We will not accept completed background checks submitted by the applicant.



# Ohio Department of Commerce Division of Financial Institutions

## CRIMINAL HISTORY STATEMENT

**NOTE:** You may submit this criminal history statement in place of completing another criminal background check **ONLY if:** (1) a completed criminal background report is currently on file with the Division; **AND** (2) the most recent report on file is no older than six (6) months.

I, \_\_\_\_\_(your name), hereby swear or affirm that I (circle one) **have / have not** been arrested for, charged with or convicted of any violation of any federal, state or local law within the last eight (8) months.

I further swear that, within the last six (6) months, I had a criminal background check completed in connection with a/an: (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Check-Cashing/Loan Acts Application         | <input type="checkbox"/> Operations Manager Approval     |
| <input type="checkbox"/> Credit Service Organization Act Application | <input type="checkbox"/> Pawn Broker Act Application     |
| <input type="checkbox"/> Loan Officer License Application            | <input type="checkbox"/> Precious Metals Act Application |
| <input type="checkbox"/> Mortgage Broker Act Application             | <input type="checkbox"/> Premium Finance Act Application |
| <input type="checkbox"/> Mortgage Loan Act Application               | <input type="checkbox"/> Small Loan Act Application      |

If you indicated that you **HAVE** been arrested for, charged with or convicted of any crime within the last 8 months, provide a detailed explanation of the facts and circumstances of your case. Include the name of the arresting law enforcement agency or the court in which charges have been filed; the name of the crime with which you have been charged, and the degree of the offense; and the outcome or status of the case. In addition, you must attach a certified copy of the court journal entry that evidences the status of your case.

### NOTARIZATION

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

I swear or affirm that the foregoing has been prepared by me and constitutes a complete and accurate statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public PRINTED Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

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