



2022 PAWNBROKER RENEWAL for 2023-2024

Renewal begins June 1 and ends June 30, but the company may complete a late renewal July 1, 2022- August 31, 2022 with an additional \$100.00 fee.

All Pawnbroker renewals expire on June 30, 2022. If the Division does not receive your renewal application on or before deadline the company license will be expired, and you must cease all Pawnbroker business operations. If the company wishes to reapply, the company cannot conduct business until the new license is issued by the Division.

Please indicate:

- Continue holding an active Pawnbroker License

-OR-

- Surrender the Pawnbroker License. Sign and print your name, state your position with the company, and return this page to the Division of Financial Institutions via USPS or email to Webdfi-cf@com.state.oh.us.

For all surrendered locations, complete the “Surrender” application located on the Division’s website at

<https://com.ohio.gov/divisions-and-programs/financial-institutions/consumer-finance/applications-and-forms/pawnbroker-surrender>

Signature

Printed Name

Position

Feel free to submit questions to the Division’s Consumer Finance Licensing Section at Webdfi-cf@com.state.oh.us

PAWNBROKER RENEWAL APPLICATION CHECKLIST

The Renewal Application submission must consist of the following:

- ❑ Fee - \$600 Per Location
 - Make check payable to Ohio Division of Financial Institutions or Pay Online:
<https://elicense2-secure.com.ohio.gov/Login.aspx?ReturnUrl=/Account/UserAccount.aspx>
- ❑ Application – Starts on Page 2
- ❑ Application Attestation – Page 3
- ❑ Company Resolution – Page 4
 - Note: Sole proprietors do NOT need to submit a Company Resolution
- ❑ Financial Statement: Dated within 90 days of the renewal expiration date – Page 5
 - Submit a Financial Statement, Balance Sheet or Surety Bond
- ❑ Continuing Education Designation – Page 6
 - List the name of the person(s) who completed the 8-hour continuing education requirement
- ❑ Ownership Disclosure - Page 7
 - Identify persons that own or control, directly or indirectly, 10% or more of the applicant
- ❑ Management Disclosure – Page 8
 - Identify the senior managers/officers of the application

2022 Ohio Pawnbroker License Renewal Application

For U.S. mail submission, mail to:
Division of Financial Institutions
77 S. High Street, Columbus, OH 43215

Make checks payable to: **Ohio Division of Financial Institutions, Consumer Finance Fund**

License Number PB. _____ .000 Number of locations renewing: _____ x \$600 each = _____

Licensee Name: _____

Email: _____ Phone Number: () _____

Primary Contact Person: _____

Read each question carefully and check the “Yes” or “No” box. For “Yes” answers, attach a sheet containing the question number and a detailed explanation of the relevant facts and circumstances.

Has the Pawnbroker Licensee, any owner or any officer EVER:	Yes	No
1. Been convicted of or pled guilty or nolo contendere to, or been convicted in any federal, state or military court or a criminal offense?		
2. Been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance, malfeasance or breach of fiduciary duty?		
3. Been subject to any federal, state or military criminal or administrative investigation or order? Please include pending or ongoing investigations.		
4. Been named in any civil action that involved insurance, securities or consumer/real estate lending/brokering? Include pending actions.		
5. Are there any PENDING charges against the Licensee, any owner or any officer in any federal, state or military court regarding a criminal offense?		
6. Does the Licensee, any owner or any officer have any UNPAID civil judgments against them?		
During the past two years, has there been a change in:	Yes	No
7. Ownership, Control or Interest in the Licensee?		
8. The Licensee’s name from the one currently registered with the Division, or has the Licensee started conducting business under a fictitious or trade name not registered with the Division?		
9. Have all necessary filings been maintained at the Ohio Secretary of State’s Office AND does the company remain in good standing? (no need for explanation if the answer is “yes”)		

ATTESTATION

Under penalties of perjury, the undersigned hereby acknowledges and attests that this Pawnbroker License Renewal Application, including any attachments submitted on paper or otherwise, 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 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 (Person 1)

Printed Name (Person 2)

Title

Title Printed

Signature (Person 1)

Signature (Person 2)

Date

Date

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:** Not necessary for sole proprietors.

(Name of Company)

AT A MEETING OF ITS MEMBERS, PARTNERS, MANAGERS, TRUSTEES OR BOARD OF DIRECTORS OR _____ 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, 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)

is 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 director 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/Officer – Signature)

Printed Name _____

Date _____

PAWNBROKER ACT FINANCIAL STATEMENT

- The financial statement must reflect the financial condition within **90 DAYS** prior to the expiration date of June 30.
- LIQUID ASSETS must be calculated according to Generally Accepted Accounting Principles (GAAP). If net worth is below the required amount, you are in violation of Section 4727.20 of the Ohio Revised Code. **You will not be permitted to renew without meeting the asset or bond requirement.**
- **DO NOT LEAVE ANY FIELDS BLANK!** Insert a “zero” as necessary.

Pawnbroker License Name: _____

License Number PB. _____ Financial Statement as of: _____

ASSETS		LIABILITIES & NET WORTH	
Cash on Hand	\$	Notes Payable to Banks (Secured) ⁶	\$
Cash in Banks ¹		Notes Payable to Banks (Unsecured) ⁶	
U.S. Government Securities ²		Notes Payable (Other)	
Listed and Unlisted Securities ²		Accounts Payable	
Account Receivables Net ³		Accrued Interest Payable	
Notes Receivable Net ³		Taxes Accrued or Unpaid	
Inventory		Mortgage Payable ⁶	
Prepaid Expenses		Other Liabilities (Itemize)	
Real Estate Owned ⁴			
Furniture, Fixtures & Equipment			
Vehicles ⁵			
Other Assets (Itemize)			
		Total Liabilities	
		Net Worth	
Total Assets	\$	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 state for the securities held.
3. Attach a detailed schedule of accounts receivable and notes receivable net of uncollected amounts.
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.

CONTINUING EDUCATION DESIGNATION

Submit the name of the person(s) who will fulfill the 8-hour continuing education requirement.

Note: Each location is required to have at least one designated CE individual.

1. Employee Name and Title:
Number of Hours Completed:
Name of Provider:
Course Title:

2. Employee Name and Title:
Number of Hours Completed:
Name of Provider:
Course Title:

3. Employee Name and Title:
Number of Hours Completed:
Name of Provider:
Course Title:

4. Employee Name and Title:
Number of Hours Completed:
Name of Provider:
Course Title:

ATTACH ADDITIONAL SHEETS, IF NECESSARY

OWNERSHIP DISCLOSURE

Not required for Sole Proprietors

Identify in the form provided below all persons, whether those persons are individuals or business entities, that own or control, directly or indirectly, 10% or more of the applicant. Alternatively, you may provide a detailed ownership chart that contains this information.

1. Name: _____
 Residential Address: _____
 Social Security Number or EIN: _____
 Percentage of Ownership: _____ Direct Indirect

2. Name: _____
 Residential Address: _____
 Social Security Number or EIN: _____
 Percentage of Ownership: _____ Direct Indirect

3. Name: _____
 Residential Address: _____
 Social Security Number or EIN: _____
 Percentage of Ownership: _____ Direct Indirect

4. Name: _____
 Residential Address: _____
 Social Security Number or EIN: _____
 Percentage of Ownership: _____ Direct Indirect

5. Name: _____
 Residential Address: _____
 Social Security Number or EIN: _____
 Percentage of Ownership: _____ Direct Indirect

ATTACH ADDITIONAL SHEETS, IF NECESSARY

MANAGEMENT DISCLOSURE

Provide the names, residential addresses, and social security numbers of each senior officer or equivalent senior manager of the applicant (e.g. Chief Executive Officer, Chief Financial Officer, Chief Lending Officer, President, Vice President, Secretary, Treasurer, etc.):

1. Name: _____

Title: _____

Residential Address: _____

Social Security Number: _____

2. Name: _____

Title: _____

Residential Address: _____

Social security number: _____

3. Name: _____

Title: _____

Residential Address: _____

Social Security Number: _____

4. Name: _____

Title: _____

Residential Address: _____

Social Security Number: _____

5. Name: _____

Title: _____

Residential Address: _____

Social Security Number: _____

ATTACH ADDITIONAL SHEETS, IF NECESSARY