



# Department of Commerce

Division of Financial Institutions

John R. Kasich, Governor

Jacqueline T. Williams, Director

## INSTRUCTIONS FOR 2016 CHECK CASHING LICENSE RENEWAL

October 2015

CC.XXXXXX

Name

Address

City state zip

User ID

Password

Check Cashing Licenses issued by the Division of Financial Institutions (Division) will expire December 31, 2015. 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, 2016. Please keep a copy for your records. **If the renewal application is not received prior to January 1, 2016, it may be necessary to pay a monetary penalty.**

Please note that, upon submission to the Division of a 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.

**A renewal application packet 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 [webdfi-cf@com.state.oh.us](mailto:webdfi-cf@com.state.oh.us) should you have any questions.

**2016 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 2016 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 2015 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

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

**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 2016 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

**Liquid Assets:**

Cash on Hand..... \$ \_\_\_\_\_

Cash in Banks..... \_\_\_\_\_

Short Term Investments..... \_\_\_\_\_

Listed Securities..... \_\_\_\_\_

Receivables Net..... \_\_\_\_\_

Inventory..... \_\_\_\_\_

Prepaid Expenses..... \_\_\_\_\_

Real Estate Owned..... \_\_\_\_\_

Equipment..... \_\_\_\_\_

Automobiles..... \_\_\_\_\_

Other Assets-Itemize

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LIABILITIES & NET WORTH

**Liabilities:**

Notes Payable to Banks secured.... \$ \_\_\_\_\_

Notes Payable to Banks unsecured. \_\_\_\_\_

Notes Payable Other ..... \_\_\_\_\_

Accruals..... \_\_\_\_\_

Taxes unpaid or accrued..... \_\_\_\_\_

Mortgage payable on Real Estate... \_\_\_\_\_

Other Liabilities-Itemize

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	<b>Total Liabilities.....</b>	_____
_____	_____	<b>Equity/Net Worth.....</b>	_____
<b>Total Assets.....</b>	<b>\$ _____</b>	<b>Total Liabilities &amp; Net Worth.....</b>	<b>\$ _____</b>

**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

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