

**CHECK CASHER
SURRENDER OF LICENSE and/or CLOSURE OF LICENSED LOCATIONS**

INSTRUCTIONS FOR CLOSING ONE OR MORE LICENSED OFFICE LOCATIONS – BUT NOT ALL LOCATIONS

Closing some, but not all, of a Check Casher's licensed locations means that the Check Casher intends to continue operating as a Check Casher at some locations and does not intend to surrender its Main Office Location License. The closure of licensed locations is described below:

- AFTER licensed office locations have closed, notify the Division by submitting the attached Surrender/Closure Form and Licenses for the closed locations to the Division within five business days after the closure.

INSTRUCTIONS FOR CLOSING ALL LICENSED LOCATIONS AND SURRENDERING LICENSE(S)

Closing all of the Check Casher's licensed locations means that the Check Casher no longer intends to operate as a Check Casher at any location and will consequently surrender its License to the Division. Closing all offices and surrendering the Check Casher License is described below:

- AFTER licensed office locations have closed, notify the Division by submitting the attached Surrender/Closure Form and Licenses for ALL locations to the Division within five business days after the closure.
- **If you are closing ALL licensed locations AND surrendering the Check Casher License, you must submit the Check Casher Voluntary Surrender Form and Attestation found in this package.**
- Please note that a request to surrender is not effective until the Division sends you a written acceptance letter.

CHECK CASHER SURRENDER/CLOSURE FORM

Check Casher: _____

License Number: CC. _____

Address of Location Closed Date closed

Attach additional sheet, if necessary.

BY SIGNING BELOW, THE CHECK CASHER ACKNOWLEDGES AND ATTESTS TO COMPLIANCE WITH THE RECORD RETENTION REQUIREMENTS CONTAINED IN REVISED CODE 1315.27(A) AND OHIO ADMINISTRATIVE CODE 1301:8-8-03 WHICH REQUIRE A CHECK CASHER TO MAINTAIN RECORDS PERTAINING TO BUSINESS FOR A PERIOD OF TWO CALENDAR YEARS AFTER MAKING THE FINAL ENTRY.

THE UNDERSIGNED FURTHER ATTESTS AND ACKNOWLEDGES THAT THE CLOSURE OF AN OFFICE AND CANCELLATION OF A LICENSE WILL NOT AFFECT CIVIL OR CRIMINAL LIABILITY FOR ACTS COMMITTED PRIOR TO THE TERMINATION OF THE LICENSE, NOR DOES IT IMPAIR THE OBLIGATION OF A PREEXISTING LAWFUL CONTRACT BETWEEN THE PREVIOUS LICENSEE AND ANY PERSON.

THE UNDERSIGNED ACKNOWLEDGES THAT ENGAGING IN UNLICENSED CHECK CASHER TRANSACTIONS OR FAILING TO COMPLY WITH ANY OF THE RECORDS RETENTION REQUIREMENTS MAY SUBJECT THE CHECK CASHER TO ADMINISTRATIVE ENFORCEMENT ACTION. THE UNDERSIGNED UNDERSTANDS THAT ANY IMPOSITION OF ADMINISTRATIVE ENFORCEMENT ACTION MAY BE A FACTOR CONSIDERED BY A STATE OR FEDERAL REGULATORY AGENCY SHOULD THE CHECK CASHER DECIDE TO APPLY FOR LICENSURE OR REGISTRATION WITH ANY REGULATORY AGENCY IN THE FUTURE.

I AM ENCLOSING THE LICENSES OF THE CHECK CASHER LOCATIONS TO BE CANCELLED.

Printed Name

Title

Signature

Date

Mail duly executed forms to:

**Ohio Division of Financial Institutions
Consumer Finance Section
77 South High Street, 21st Floor
Columbus, Ohio 43215-6120**

VOLUNTARY SURRENDER OF CHECK CASHER LICENSE

Check Casher: _____

License Number: CC. _____

On behalf of the Check Casher referenced above, the undersigned hereby attests that the Check Casher seeks to voluntarily surrender its license to the Ohio Division of Financial Institutions (Division). The Check Casher will immediately cease conducting business pursuant to the Ohio Check Casher Act (OCCA). The undersigned acknowledges that this voluntary surrender becomes effective upon its written acceptance by the Division and that the Division will not accept a voluntary surrender if the Check Casher is under investigation by the Division or if a notice of opportunity for a hearing pursuant to Revised Code Chapter 119 has been issued to the Check Casher.

On behalf of the Check Casher referenced above, the undersigned acknowledges that a voluntary surrender will not affect the Check Casher's civil or criminal liability for acts committed before the surrender, and does not impair or affect the obligation of a preexisting lawful contract between the Check Casher and any person.

On behalf of the Check Casher referenced above, the undersigned further attests that pursuant to Revised Code 1315.27(A) and Ohio Administrative Code 1301:8-8-03, the Check Casher shall continue to preserve the records pertaining to business transacted pursuant to the OCCA for a period of two years. The location where records will be maintained is _____

On behalf of the Check Casher referenced above, the undersigned acknowledges that engaging in unregistered Check Casher transactions OR failing to comply with any of the records retention requirements of the OCCA may subject the Check Casher to administrative enforcement actions, including: (1) the issuance of a cease and desist order, (2) imposition of a fine or (3) referral to the Ohio Attorney General or county prosecutor for appropriate civil or criminal action. The undersigned understands that any imposition of administrative enforcement action may be a factor considered by a state or federal regulatory agency should the Check Casher decide to apply for licensure or registration with any regulatory agency in the future.

Signature Date

Printed Name of Person Signing Relationship to Check Casher

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)

Printed Name

Date _____