

# SHORT-TERM LENDER BRANCH OFFICE APPLICATION

Revised Code 1321.35 through 1321.48

<http://codes.ohio.gov/orc>

## INSTRUCTIONS

AS AN APPLICANT FOR A LICENSED OFFICE LOCATION OF A SHORT-TERM LENDER, IT IS THE APPLICANT'S LEGAL OBLIGATION TO BE AWARE OF, AND UNDERSTAND, THE PROVISIONS OF LAW PURSUANT TO WHICH THE LICENSE IS ISSUED AND MAINTAINED. IN HOLDING A BRANCH OFFICE LICENSE, YOU ARE EXPECTED TO BE AWARE OF, AND UNDERSTAND, THE PROVISIONS OF THE OHIO SHORT-TERM LENDER ACT AND ANY RULES PROMULGATED PURSUANT TO THAT ACT. ALTHOUGH THE DIVISION OF FINANCIAL INSTITUTIONS (DIVISION) WILL BE PROACTIVE IN ALERTING THE INDUSTRY TO CHANGES IN LAW, POLICY AND PROCESSES, **IT IS YOUR LEGAL OBLIGATION TO KEEP ABREAST OF THE LAW, POLICY, PROCESSES AND CHANGES THEREIN.** IT MAY BE HELPFUL TO PERIODICALLY REVIEW THE INFORMATION POSTED AND MAINTAINED BY THE DIVISION AT <http://www.com.ohio.gov/fiin/>.

- In a conspicuous place in each registered branch office, a Short-Term Lender shall at all times post a copy of the license issued for that office.
- Each question on the APPLICATION must be answered honestly and completely. Any omission, untruthful answer or incomplete response may result in the denial of the Application or may result in subsequent legal action by the Division.
- If the space provided for any response is inadequate, complete the response on a separate sheet, specifying the question number to which it relates, and attach the sheet to the Application.
- Once the Division receives the application, it will be reviewed in the order received. Applicants will be contacted with regard to any application deficiencies. Please keep in mind that completion of the application process may be delayed if applicants do not respond promptly to deficiency letters.

## ATTACHMENTS to SHORT-TERM LENDER BRANCH OFFICE APPLICATION

The Short-Term Lender Branch Office Application consists of the following listed documentation.

- The Short-Term Lender Branch Office Application Form;
- The \$1000 non-refundable application fee for each branch location to be licensed. Checks should be made payable to the Division of Financial Institutions;
- A Company Resolution indicating the natural person signing the APPLICATION has the company's authority to sign on behalf of, and bind, the company. NOTE: sole proprietors do not need to submit a Company Resolution; and
- Any additional documentation needed to provide a full response to questions OR as requested by the Division.

Mail completed Application Packets to:

Department of Commerce  
Division of Financial Institutions  
77 South High Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215-6120  
Telephone: (614) 728-8400

<http://www.com.state.oh.us/dfi/MortgageBrokers.aspx>

**AFFIX CHECK PAYABLE TO  
OHIO DIVISION OF FINANCIAL INSTITUTIONS  
HERE (Do not staple or use tape to affix check)**

<i>For DFI Use Only</i>	
Issue Date _____	_____
License Number _____	_____
_____	_____

**Ohio Short-Term Lender Branch Office Application**  
**Revised Code 1321.35 through 1321.48**

1. Full Name of Short-Term Lender Applicant: \_\_\_\_\_  
License Number: ST \_\_\_\_\_
2. Fictitious Name, Trade Name or DBA, to be used at this location, if applicable: \_\_\_\_\_  
\_\_\_\_\_
3. Federal Tax ID Number/Social Security Number of Applicant: \_\_\_\_\_
4. Proposed Branch Office Location: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Business Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Business E-Mail Address: \_\_\_\_\_  
Is Business Address a Residence: Yes  No  Municipal Corporation: \_\_\_\_\_  
Will any other business be operated at this location? Yes  No  If yes, list nature of business: \_\_\_\_\_
5. Mailing Address, if Different from Above: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Telephone Number, if Different From Above: ( \_\_\_\_\_ ) \_\_\_\_\_
6. Location where Applicant proposes to retain required records: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**If this location is NOT the main office or a branch office location in Ohio, you must attach a letter requesting approval to maintain records at this location. Until you receive written approval from the Division, you cannot maintain records in a location that is not the Main Office or a Branch Office location in Ohio.**
7. Person to contact regarding this APPLICATION:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## SHORT-TERM LENDER BRANCH OFFICE APPLICATION ATTESTATION

- Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this **SHORT-TERM LENDER BRANCH OFFICE APPLICATION** and any attachments incorporated herein have been prepared by me and that these documents constitute a complete, truthful, and correct statement of information requested by the Ohio Division of Financial Institutions.
- I understand that any false or fraudulent representation or substantial misrepresentation may be grounds for denial of any license application pending with the Ohio Division of Financial Institutions or 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 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 Short-Term Lender business will be maintained pursuant to Revised Code 1321.422 for two calendar years. A Short-Term Lender remains subject to this requirement after the cessation of business.

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Signature

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Date

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Printed Name

## 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 \_\_\_\_\_