



Ohio Department of Commerce

Division of Financial Institutions
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Ted Strickland
Governor

Kimberly A. Zurz
Director

INSTRUCTIONS FOR 2010 CHECK CASHING LICENSE RENEWAL

November 25, 2009

Dear Check Cashing Licensee:

Check Cashing Licenses issued by the Division of Financial Institutions (Division) will expire December 31, 2009. 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, 2010. Please keep a copy for your records. **If the renewal application is not received prior to January 1, 2010, it may be necessary to enter a settlement agreement with the Division and pay a penalty.**

Although the Division encourages you to renew online at <https://elicense2-secure.com.ohio.gov>, you also have the option of submitting a renewal application in paper format. If you choose to submit a paper renewal application, you may download a copy of the renewal application packet by going to <http://com.ohio.gov/fin>. Please note that, upon submission to the Division of an online or 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.

ONLINE RENEWALS: In order to renew your Check Cashing License online, you must submit the application fee via VISA or MasterCard or use an Automated Clearing House (ACH) transaction. If you choose to use the ACH to pay your renewal fee, you are authorizing the Division to issue a charge against the **checking account** number you provide. **DO NOT PROVIDE A SAVINGS ACCOUNT NUMBER.**

By typing a name in the “signature line” of the online renewal application, you are affixing your signature. A signature used in connection with an electronic filing shall have the same legal effect as a manual signature. The person “signing” the electronic renewal application must be designated in the company resolution attached to the electronic renewal application.

If you file your renewal online, it is your obligation to ensure the electronic filing is duly completed and submitted timely. “Last minute” attempts to renew online that encounter technical difficulties – and, consequently, are not renewed timely – are the responsibility of the applicant. **THE DIVISION IS NOT RESPONSIBLE FOR TECHNICAL DIFFICULTIES THAT RESULT IN LATE FILINGS.**

A renewal application packet – either in paper or electronic format – 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;
- Confirmation that the addresses of licensed locations on the roster are correct;
- Declaration of Material Assistance (and FinCEN Form 107, if applicable); and
- Financial statement indicating the condition of the company within 90 days of the date the renewal application is submitted.

Please contact the Division’s Consumer Finance Section at (614) 728-8400 should you have any questions.

2010 CHECK CASHING LICENSE RENEWAL APPLICATION

Check Cashing Name: _____

License Number: CC. _____

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): _____

Indicate whether the Check Cashing Licensee is "Exempt" or "Non-Exempt" from the Money Service Businesses (MSB) registration requirement with the federal Department of the Treasury. (See FinCen Form 107 located on the Division's web site at <http://www.com.ohio.gov/fiin/forms.aspx>) Exempt Non-Exempt

- If "Exempt", please explain.
- If "Non-Exempt" and your MSB filing did not expire this year, please indicate "Did not expire".
- If "Non-Exempt" and your MSB filing expired this year, please submit a copy of your most recent acknowledgement letter from the Department of the Treasury (DOT), Detroit Computing Center, and the computer generated facsimile of the registration form that was attached to the acknowledgement letter. If you have not received the acknowledgement letter from the DOT, please submit a copy of your current FinCEN form 107. _____

Read each question carefully and respond by indicating "Yes" or "No". As applicable, provide a written explanation detailing the relevant facts and circumstances. 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 contendere 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 2009 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

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)

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 2010 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.

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

Total Assets..... \$ _____

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

Total Liabilities..... _____

Equity/Net Worth..... _____

Total Liabilities & Net Worth..... \$ _____

***** FOR INSTRUCTIONAL USE ONLY *****

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO **NOT** SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

***** FOR INSTRUCTIONAL USE ONLY *****



STATE ISSUED LICENSE

In accordance with section 2909.32 (2)(a) of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MI, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

Form with fields: BUSINESS/ORGANIZATION NAME, PHONE, BUSINESS ADDRESS, CITY, STATE, ZIP, COUNTY

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE