



## 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
- ❑ 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
- ❑ Ownership Disclosure
  - Identify persons that own or control, directly or indirectly, 10% or more of the applicant
- ❑ Management Disclosure
  - Identify the senior managers/officers of the applicant

## 2020 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.**

<b>Has the Pawnbroker Licensee, any owner or any officer EVER:</b>	<b>Yes</b>	<b>No</b>
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 <b>PENDING</b> 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?		
<b>During the past two years, has there been a change in:</b>	<b>Yes</b>	<b>No</b>
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 of the 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) <sup>6</sup>	\$
Cash in Banks <sup>1</sup>		Notes Payable to Banks (Unsecured) <sup>6</sup>	
U.S. Government Securities <sup>2</sup>		Notes Payable (Other)	
Listed and Unlisted Securities <sup>2</sup>		Accounts Payable	
Account Receivables Net <sup>3</sup>		Accrued Interest Payable	
Notes Receivable Net <sup>3</sup>		Taxes Accrued or Unpaid	
Inventory		Mortgage Payable <sup>6</sup>	
Prepaid Expenses		Other Liabilities (Itemize)	
Real Estate Owned <sup>4</sup>			
Furniture, Fixtures & Equipment			
Vehicles <sup>5</sup>			
Other Assets (Itemize)		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities &amp; Net Worth</b>	<b>\$</b>

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
7. 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. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

**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.):

6. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

7. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social security number: \_\_\_\_\_

8. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

9. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

10. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS, IF NECESSARY**