

2016 OHIO PAWNBROKER RENEWAL APPLICATION

OHIO PAWNBROKER ACT LICENSE NUMBER PB. _____

Pawnbroker Licensee Name: _____

Contact Person for this Renewal: _____

Email for Contact Person: _____

Telephone Number for Contact Person: _____

Renewal Fee is \$600 PER LOCATION (Make checks payable to the Ohio Division of Financial Institutions, Consumer Finance Fund)

The Renewal Application and Attachments consists of the following:

- This Renewal Application;
- A Company Resolution (sole proprietors do not need to submit a Company Resolution);
- The list of employees and continuing education designees;
- A financial statement dated within ninety days of submission of the application; and
- If you choose to have a surety bond pursuant to Revised Code 4728.03, a copy of the surety bond. If you choose NOT to have a bond, you must submit a financial statement.

Read each question carefully and respond by indicating "Yes" or "No". As applicable, please provide a written explanation detailing the relevant facts and circumstances. If the space provided is insufficient to provide a complete response, please submit your signed explanation on an additional sheet.

1. Has the Pawnbroker Licensee, any owner or any officer **EVER** been convicted of or pled guilty or nolo contendere to, or been convicted in any federal, state or military court, of a misdemeanor or criminal offense? Yes No If "Yes", please explain: _____

2. Are there any **PENDING** charges against the Pawnbroker Licensee, any owner or any officer in any federal, state or military court regarding a misdemeanor or criminal offense? Yes No If "Yes", please explain: _____

3. Has the Pawnbroker Licensee, any owner or any officer **EVER** been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance, malfeasance, or breach of fiduciary duty? Yes No If "Yes", please explain: _____

4. Do the Pawnbroker Licensee, any owner or any officer have any UNPAID civil judgments against them? Yes No If "Yes", please explain: _____

5. Have the Pawnbroker Licensee, any owner or any officer **EVER** been subject to any federal, state or military criminal or administrative investigation or order? Please include pending or ongoing investigations. Yes No If "Yes", please explain: _____

6. Have the Pawnbroker Licensee, any owner or any officer **EVER** been named in any civil action that involved insurance, securities, or consumer/real estate lending/brokering? Include pending actions. Yes No If "Yes", please explain: _____

7. Has there been any change in ownership, control, or interest in the Pawnbroker Licensee **DURING THE PAST TWO YEARS**? Yes No If "Yes", please explain: _____

8. **DURING THE PAST TWO YEARS**, has the Pawnbroker Licensee changed its name from the one currently registered with the Division or started conducting business under a fictitious or trade name not registered with the Division? Yes No If "Yes", please explain: _____

Under penalties of perjury, the undersigned hereby acknowledges and attests that this Pawnbroker License Renewal application, including any attachments submitted in 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.

Signature

Date

Printed Name

Title

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 MEMBERS, PARTNERS, MANAGERS, TRUSTEES OR BOARD OF

DIRECTORS _____ 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)

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 _____

PAWNBROKER ACT FINANCIAL STATEMENT

- Must reflect financial condition of the Pawnbroker Licensee as of a date within **NINETY DAYS OF SUBMISSION** of the 2014 License Renewal Application.
- **LIQUID ASSETS** must be calculated according to Generally Accepted Accounting Principles (GAAP). If liquid assets, calculated according to GAAP, is less than the requisite amount, and you do not have a surety bond, the Pawnbroker Licensee cannot renew.
- As part of the Division's review of this financial statement in conjunction with the Pawnbroker 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 Pawnbroker Licensee: _____

License Number: PB. _____

Financial Statement as of: _____

ASSETS		LIABILITIES & NET WORTH	
Liquid Assets:		Liabilities:	
Cash on Hand.....	\$ _____	Notes Payable to Banks secured....	\$ _____
Cash in Banks.....	_____	Notes Payable to Banks unsecured.	_____
Short Term Investments.....	_____	Notes Payable Other	_____
Listed Securities.....	_____	Accruals.....	_____
Receivables Net.....	_____	Taxes unpaid or accrued.....	_____
Inventory.....	_____	Mortgage payable on Real Estate...	_____
Prepaid Expenses.....	_____	Other Liabilities-Itemize	
Real Estate Owned.....	_____	_____	_____
Equipment.....	_____	_____	_____
Automobiles.....	_____	_____	_____
Other Assets-Itemize		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total Liabilities.....	_____
_____	_____	Equity/Net Worth.....	_____
Total Assets.....	\$ _____	Total Liabilities & Net Worth.....	\$ _____

**2016 OHIO PAWNBROKER RENEWAL APPLICATION
ROSTER OF EMPLOYEES AT EACH LOCATION
Continuing Education Requirements
Revised Code 4727.19 and Ohio Administrative Code 1301:8-5-09**

License PB. _____

THE OHIO PAWNBROKER ACT CONTAINS THREE CONTINUING EDUCATION REQUIREMENTS. PLEASE SEE REVISED CODE 4727.19 FOR THE STATUTORY LANGUAGE PERTAINING TO THESE REQUIREMENTS.

- (1) All licensees must submit the name of the manager who must complete twelve hours continuing education for the July 1, 2014 to June 30, 2016 time period. See Revised Code 4727.19(A).**

NAME OF TWELVE HOUR DESIGNEE: _____

IF THE TWELVE HOUR DESIGNEE HAS NOT ALREADY SUBMITTED INFORMATION TO THE DIVISION INDICATING CONTINUING EDUCATION COMPLIANCE, PLEASE SEND INFORMATION TO THE DIVISION.

- (2) Any licensee that has four or more employees TOTAL shall also designate an individual to complete at least eight hours continuing education for the July 1, 2014 to June 30, 2016 time period. For purposes of calculating the number of employees, do not include the individual who completed the twelve hours continuing education. See Revised Code 4727.19(B) and Ohio Administrative Code 1301:8-5-09.**

NAME OF EIGHT HOUR DESIGNEE, if applicable: _____

IF THE EIGHT HOUR DESIGNEE HAS NOT ALREADY SUBMITTED INFORMATION TO THE DIVISION INDICATING CONTINUING EDUCATION COMPLIANCE, PLEASE SEND INFORMATION TO THE DIVISION.

- (3) Any licensee that has three or more employees AT ANY ONE LOCATION shall also designate an individual at that location to complete at least eight hours continuing education for the July 1, 2014 to June 30, 2016 time period. This requirement pertains to EACH location that has three or more employees. For purposes of calculating the number of employees at any one location, if an employee works at more than one location, only count that employee once. See Revised Code 4727.19(C).**

As part of the review process, the Division will compare the information licensees have previously reported regarding continuing education to the information listed below. Continuing education deficiencies must be resolved before the Division will renew the Pawnbroker license. Resolution may include entering a settlement agreement with the Division and paying a penalty. IF THE CONTINUING EDUCATION DESIGNEES LISTED BELOW HAVE NOT ALREADY SUBMITTED THEIR COURSE INFORMATION TO THE DIVISION, PLEASE SEND A COPY OF THE COURSE COMPLETION CERTIFICATE.

In order to properly report your continuing education compliance, please list the identities of employees working at each branch location.

PB license number (be sure to use the suffix for branches, e.g. .001): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____

Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

PB license number (be sure to use the suffix for branches, e.g. .001): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____

Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
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PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
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PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Employee name _____
Attach additional sheets, if necessary.

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PB license number (be sure to use the suffix for branches, e.g. **.001**): _____
Employee name _____
Employee name _____

Employee name _____
Employee name _____
Employee name _____
Attach additional sheets, if necessary.

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PB license number (be sure to use the suffix for branches, e.g. .001): _____
Employee name _____
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PB license number (be sure to use the suffix for branches, e.g. **.001**): _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Attach additional sheets, if necessary.

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PB license number (be sure to use the suffix for branches, e.g. **.001**): _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

PB license number (be sure to use the suffix for branches, e.g. **.001**): _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Attach additional sheets, if necessary.

If three or more employees at this branch location, NAME OF INDIVIDUAL COMPLETING CONTINUING EDUCATION:

Please use additional sheets, as necessary.