



**Department
of Commerce**

Division of Financial Institutions

PAWNBROKER MAIN OFFICE APPLICATION

Ohio Pawnbroker Act

Ohio Revised Code Sections 1321.21; 4727.01 to 4727.22 and 4727.99
Ohio Administrative Code Chapter 1301:8-5

Ohio Department of Commerce Division of Financial Institutions

77 South High Street, 21st Floor
Columbus, OH 43215-6120
Telephone: (614) 728-8400
www.com.ohio.gov/fiin

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

PAWNBROKER MAIN OFFICE APPLICATION CHECKLIST

The Application submission must include the following:

- ❑ Fee
 - \$500 per location if license is issued between 1/1 and 6/30 of even-numbered year; or,
 - \$800 per location if license is issued any other time
 - Make check payable to **Ohio Division of Financial Institutions**
- ❑ Application – Starts on Page 2
 - Submit Document Samples with the Application.
- ❑ Application Attestation – Page 12
- ❑ Company Resolution – (not required for Sole Proprietors) Sample Form on Page 13
- ❑ Schedule A Forms for Each Required Individual – Instructions on Page 14
 - Disclosure Form
 - Schedule A: Residential & Employment History
 - Schedule A: Attestation
- ❑ Ownership Disclosure – Page 20
 - Identify persons that own or control, directly or indirectly, 5% or more of the applicant
- ❑ Management Disclosure – Page 20
 - Identify the senior managers/officers of the applicant
- ❑ Financial Statement: Dated within 90 days prior to the application submission – Page 22
- ❑ Consent to Service and Jurisdiction – Page 23
- ❑ Office Manager Statement – Page 24
- ❑ Background Check – Instructions on Page 25
- ❑ Criminal History Statement – Page 27

PAWNBROKER LICENSE APPLICATION

The Company Application is the licensing form used by companies and sole proprietors to apply for any non-depository, financial services license authority with Ohio. Not all sections of this Company application may apply to all companies. In accordance with state law, applicants may be required to have certain persons (e.g. Owners, Branch Managers, etc) complete a Schedule A Individual Form to be submitted along with the Company Application.

1. Identifying Information ****all fields are required****

Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:

(A) Entity name <small>(sole proprietors provide first, middle and last name)</small>	(B) IRS Employer Identification Number <small>(Social Security Number is allowed for sole proprietorship)</small>

(C) Municipality

(D) Main address (Do not use a P.O. Box):

Number & Street	City/Township	State	Postal Code

(E) Business phone, fax and email address:

Business Phone	Toll Free Number <small>(For consumers)</small>	Email Address

(F) Mailing address: Same as above

PO Box or Number & Street	City	State	Country/Province	Postal Code

(G) Does the entity have business locations with consumers through branch offices or other business locations?
 YES NO

(Use the Branch Application to report these locations.)

(H) Will any other type of business be operated from this proposed location? YES NO

Type of Business(es): _____

(I) (1) Type of property:

Private Residence
 Commercial Property
 Owned Property
 Leased property
 Other

(2) Is the address to be licensed zoned for this type of business?

Yes: submit zoning approval with application
 No: license cannot be issued

2. Other Trade Names

List any other trade name(s) (i.e. business name, fictitious name, or “doing business as” name) for this company must be identified below. Use additional sheets as necessary. Provide the Certificate from the Ohio Secretary of State.

Other Trade Names or “dba” used	State(s) where the Other Trade Name is used
Other Trade Names or “dba” used	State(s) where the Other Trade Name is used

3. Name of Parent Company

Provide the name and address of the Parent Company, if any.

Company	First Name	Last Name	Title
Number & Street (Do not provide PO Box)	City	State Country/Province	Postal Code
Business Phone	Fax	Email Address	

4. Resident/Registered Agent

Provide the information for your company’s statutory agent below. If the statutory agent is a company rather than an individual, put the words 'registered agent' in the Title field.

Company	First Name	Last Name	Title
Number & Street (Do not provide PO Box)	City	State Country/Province	Postal Code
Business Phone	Fax	Email Address	

5. Web Addresses

Provide the full web address(es) for the company and any separate websites for other trade names identified in question 3 (if one exists).

(A) Website Address: _____

Is your company transacting business through this website? YES NO

(B) Website Address: _____

Is your company transacting business through this website? YES NO

(C) Website Address: _____

Is your company transacting business through this website? YES NO

6. Primary Contact Employee Information ****all information in this section is required****

List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.

<input type="checkbox"/>	Primary Company Contact			
<input type="checkbox"/>	Primary Consumer Complaint Contact (Regulator)			
First and Last Name			Title	
PO Box or Number & Street	City	State	Country/Province	Postal Code
Business Phone	Email Address			

7. Additional Contact Employees Information

In the section below, identify any additional contact employee you wish to assist regulators with specific inquiries. Use additional sheets if necessary.

First and Last Name		Title		
PO Box or Number & Street	City	State	Country/Province	Postal Code
Business Phone	Email Address			
Indicate area(s) in charge:				
<input type="checkbox"/> Accounting <input type="checkbox"/> Report <input type="checkbox"/> Consumer Complaint (Public) <input type="checkbox"/> Consumer Complaint (Regulator)				
<input type="checkbox"/> Exam Billing <input type="checkbox"/> Exam Delivery <input type="checkbox"/> Legal <input type="checkbox"/> Licensing <input type="checkbox"/> Litigation <input type="checkbox"/> Pre-Exam Contact				
Identify the state(s) for every listed contact employee: _____				

8. Books and Records Information *****all information in this section is required*****

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

Company	First Name	Last Name		
<input type="checkbox"/> Same as main address				
Business Address (Do not provide PO Box)	City	State	Country/Province	Postal Code
Business Phone	Email Address			
Identify the state(s) for which every listed record custodian maintains records for the company: _____				
Comments: _____				

9. Approvals and Designations

Provide the information below for any approvals and/or designations the company currently holds.

<p>(A) Will entity engage in any non-financial services-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(B) Will the entity occupy or share space with any person(s) engaged in financial services-related activity?</p> <p>If "yes" briefly describe. _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(C) Will entity or any other corporation, association, or partnership with which applicant is associated or affiliated, hold a small loan license, general loan license, consumer installment loan act license, a mortgage lending license, or have the authority to conduct these or similar types of business in this state or any other state?</p> <p>If "yes" briefly describe. _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

10. Financial Statement

Submit a Financial Statement on the form provided by the Division of Financial Institutions (page 22) or a Financial Statement including Balance Sheet. Either Financial Statement shall accompany the application and be made a part thereof. Section 4727.03(A)(4) of the Ohio Revised Code requires each applicant to have available for the operation of such business liquid assets of not less than **one hundred twenty-five thousand dollars (\$125,000)**. Liquid assets are further defined by Regulation 1301:8-5-01(A). This Financial Statement **must** be in the exact business name and entity as indicated in application questions 1 and 2. All assets must consist and belong only to this entity; i.e., if a sole proprietor is indicated, it may **not** include a spouse's assets or any jointly owned assets.

Note: Following approval of the company's License Application, the company must be able to demonstrate that the main office is maintaining the financial requirement at all times throughout licensure via:

- Financial Statement of \$75,000 in current liquid assets (O.R.C. 4727.03)
- or
- Surety Bond in the amount of \$50,000 (O.R.C. 4727.20)

<p>(A) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(C) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

11. Legal Status

(A) Fiscal year end (MM/DD): _____

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed): _____

Formation State:	Formation Country/Province:	Date of formation (MM/DD/YYYY):
------------------	-----------------------------	---------------------------------

(C) If publicly traded please insert stock symbol: _____

(D) Indicate legal status of applicant.

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> Not For Profit Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other (specify) _____ | | |

Submit the following documentation with this application. If applicant is a:

LIMITED LIABILITY COMPANY

- Submit a copy of the Articles of Organization issued by the Ohio Secretary of State.
- Submit the Limited Liability Company's Operating Agreement
- Each member and senior officer must complete and submit:
 - A fingerprint background check (instructions included with application).

PARTNERSHIP

- Include a copy of the recorded Partnership Agreement.
- Submit a copy of the Articles of Organization issued by the Ohio Secretary of State.
- Each partner and senior officer must complete and submit:
 - A fingerprint background check (instructions included with application)

SOLE PROPRIETOR

- The owner must submit with this application:
 - A fingerprint background check (instructions provided with application).

CORPORATION

- Include a copy of the Articles of Incorporation issued by the Ohio Secretary of State.
- Each 5% owner and senior officer must complete and submit:
 - A fingerprint background check (instructions included with application)

1. If a corporation, complete the following:

(a) Date incorporated _____ Under the laws of the State of _____

(b) Address of Main Office _____
Street and number City State Zip Code

(c) Classifications and the number of shares authorized by Articles of Incorporation as amended to date:

	<u>Par</u>	<u>Authorized</u>	<u>Outstanding</u>
Common _____	_____	_____	_____
Preferred _____	_____	_____	_____
Amount of any subordinated debt outstanding \$ _____			

(d) Under what corporate name is subordinated debt issued? _____

2. If a foreign corporation:

Submit a copy of the certificate issued by the Ohio Secretary of the State to transact business as a foreign corporation in Ohio. If applicant does not have this certificate, contact the Ohio Secretary of State at 1-877-767-3453 or (614) 466-3910 or www.sos.state.oh.us.

OTHER LEGAL ENTITY

Contact the Division of Financial Institutions to determine which documents are required: 614-644-6484 or WebDFI-CF@com.state.oh.us

12. Affiliates/Subsidiaries

In this section, you must identify each entity under common ownership (affiliate) and each entity under your control (subsidiary) that provides financial services or settlement services. Use additional sheets if necessary.

Entity ID:		Affiliate/Subsidiary Name:			
Number & Street		City	State	Country/Province	Postal Code
Control Relationship: <input type="checkbox"/> Affiliate (Under Common Control) <input type="checkbox"/> Subsidiary (Entity Controls)					
Description:					
I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest): <input type="checkbox"/> YES <input type="checkbox"/> NO					

13. Financial Institutions

If your company is controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company, all such financial institutions must be identified in this section. Use additional sheets if necessary.

Type of Institution:	<input type="checkbox"/> Bank Holding Company <input type="checkbox"/> Credit Union <input type="checkbox"/> Foreign Bank <input type="checkbox"/> National Bank <input type="checkbox"/> Savings Association/Savings Bank <input type="checkbox"/> State Member Bank of the Federal Reserve System <input type="checkbox"/> State Non-Member Bank <input type="checkbox"/> Thrift Holding Company				
Financial Institution Name:					
Number and Street		City	State	Country/Province	Postal Code
Relationship Description:					

14. Disclosure Questions

For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the applicant. If the answer to any of the following is "YES", you must provide complete details to the state(s) where you are licensed/registered or requesting licensure/registration. Remember to file updates of these disclosures as needed.

Criminal Disclosure	YES	NO
(A) Has the entity or a control affiliate ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(B)		
(1) In the past 10 years has the entity or a control affiliate been convicted of pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure	Yes	No
(C) In the past 10 years, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:		
(1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found the entity or a control affiliate to have been involved in a violation of a financial services-related regulations(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is there a pending regulatory action proceeding against the entity or a control affiliate for any alleged violation described in (C) through (D)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure	Yes	No
(F) Has any domestic or foreign court:		
(1) in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(2) in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure	Yes	No
(H) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Does the entity have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

15. Direct Owners and Executive Officers

Provide the information requested below for the individual or company being identified as a (i) direct owner of 5% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An Individual Form must be completed for all natural person(s) identified in this section.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership	Individual or Company	Stock Symbol (Company Only)	SSN or EIN (Company Only)
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		

16. Indirect Owners

Are there any indirect owners of the entity required to be reported?

- YES (If yes, you must provide the information requested in the section below. Attach additional sheets as necessary.)
- NO

Ownership Type examples include: partner, trustee, indirect owner, shareholder, etc. The Equity Owner is the company in which the ownership interest is held. An Individual Form must be completed for all Individuals identified as control persons.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Ownership Type	Equity Owner in Which Interest is Held	% Ownership	Control Person	Stock Symbol (Company Only)	SSN or EIN (Company Only)	Individual or Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

17. Office Manager

Provide the information requested below for the Office Manager. In addition, an Office Manager Statement must be completed detailing manager's related business experience and demonstrating the manager has read and is knowledgeable regarding the Ohio Pawnbroker Act (O.R.C. Chapter 4727 and O.A.C. Chapter 1301:8-5).

NOTE: The Division will contact this individual after an initial application review for purpose of scheduling a test concerning knowledge of the Ohio Pawnbroker Act.

Full Legal Name (Last Name, First Name, Middle Name)	Title	Business Address	City	State	Postal Code

18. Document Samples

(1) Submit a complete sample of the **proposed** pawn/purchase forms, and legal notices to be used in this business, including the company name and address.

****Do NOT order any forms or notices until the application is approved****

(2) Submit a sample or copy of your **Computer System and Anti-virus software** to be used in this business that indicates applicant will be in compliance with the Ohio Pawnbroker Act and Regulations. If a manual recordkeeping system is used, indicate such.

(3) Indicate the **days and business hours** of this proposed office:

(4) Provide **local law enforcement** contact person name, contact information, and method of providing purchases:

19. Continuing Education Designee

Indicate the name of the person(s) who will fulfill the 8-hour continuing education requirement for the main office and each branch location, as applicable:

ATTESTATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company; or
- At least two officers if the applicant is a corporation.

Under penalties of perjury, I (We), the undersigned, swear or affirm that this application and any attachments have been prepared or carefully reviewed by me (us) and that these constitute a complete, truthful, and correct statement of all information requested herein. I (We) realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution under Section 2921.13 of the Ohio Revised Code.

Printed Name (Person 1)

Printed Name (Person 2)

Title

Title

Signature (Person 1)

Signature (Person 2)

Date

Date

WARNING: It is a crime to knowingly provide a false statement to a government official or public agency. R.C. 2921.13.

For DFI Office Use Only

Date application approved _____ By _____, per Superintendent

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 – Signature)

Printed Name _____

Date _____

CONSUMER FINANCE SCHEDULE A

Disclosure Form

Filing Instructions:

The following natural persons must each submit a separate **Consumer Finance Schedule A**:

- Corporation**, each senior officer, and anyone who owns 5% or more of the business
- Partnership**, every partner and each senior officer
- L.L.C.**, each member and each senior officer
- Sole Proprietor**, the owner and each senior officer

Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.

Applicant Company Name: _____

1. Name of person completing this form: _____
Full name and any and all aliases, AKA and FKA

(a) Social Security Number _____

(b) Date of Birth _____

2. Title: senior officer, partner, member, sole proprietor, or person holding 5% or more interest in applicant

3. Citizenship _____
(furnish date, city, state, country of birth, and Social Security number. If foreign born, also furnish date and place of naturalization.)

4. Residence address for the last ten years. (Use Schedule A Addendum – Residence History if needed)

From _____ To _____ Employer _____
City _____ State _____ Zip Code _____

From _____ To _____ Employer _____
City _____ State _____ Zip Code _____

5. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Schedule A Addendum – Employment History if needed)

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

Check "Yes" or "No" to each of the following disclosure questions. If the answer to any of the following is "YES", provide complete details of all events or proceedings on a separate sheet of paper titled with the number of the question (e.g.: Schedule 20). Remember to file updates to these disclosures as needed.

Financial Disclosure:

6. Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years? Yes No
- a. Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years? Yes No
- b. Have you been the subject of a foreclosure action within the past 10 years? Yes No
7. Has a bonding company ever denied, paid out on, or revoked a bond for you? Yes No
8. Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization? Yes No
9. Do you have any unsatisfied judgments or liens against you? Yes No
10. Are you delinquent on any court ordered child support payments? Yes No

Criminal Disclosure:

11. Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? Yes No
- a. Are there pending charges against you for any felony? Yes No
12. Based upon activities that occurred while you exercised control over an organization:
- a. has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? Yes No
- b. are there pending charges against any organization for any felony? Yes No
13. Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial service-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion? Yes No
- a. Are there pending charges against you for a misdemeanor specified in (13)? Yes No
14. Based upon activities that occurred while you exercised control over an organization:
- a. has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (13)? Yes No
- b. are there pending charges against any organization for any misdemeanor specified in (13)? Yes No

Civil Judicial Disclosure:

15. Has any domestic or foreign court ever:
- a. enjoined you in connection with any financial services-related activity? Yes No
 - b. found that you were involved in a violation of any financial services-related statute(s) or regulation(s)? Yes No
 - c. dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority? Yes No
16. Is there a pending financial services-related civil action in which you are named for any alleged violation described in (15)? Yes No
17. Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (15)? Yes No

Regulatory Action Disclosure:

18. Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:
- a. found you to have made a false statement or omission or been dishonest, unfair or unethical? Yes No
 - b. found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)? Yes No
 - c. found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted? Yes No
 - d. entered an order against you in connection with a financial services-related activity? Yes No
 - e. revoked your registration or license? Yes No
 - f. denied or suspended your registration or license or application for licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activities? Yes No
 - g. barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business? Yes No
 - h. issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct? Yes No
 - i. entered an order concerning you in connection with any license or registration? Yes No
19. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended? Yes No

20. Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (18) through (19) above against any organization? Yes No
21. Is there a pending regulatory action proceeding against you for any alleged violation described in (18) through (19)? Yes No
22. Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (18) through (19)? Yes No

Customer Arbitration/Civil Litigation Disclosure:

23. Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:
- a. is still pending? Yes No
 - b. resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action? Yes No
 - c. was settled for any amount? Yes No

Termination Disclosure:

24. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:
- a. violating statute(s), regulation(s), rule(s), or industry standards of conduct? Yes No
 - b. fraud, dishonesty, theft, or the wrongful taking of property? Yes No

CONSUMER FINANCE SCHEDULE A

ADDENDUMS

Residential History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From _____ To _____ Address _____

City _____ State _____ Zip Code _____

From _____ To _____ Address _____

City _____ State _____ Zip Code _____

From _____ To _____ Address _____

City _____ State _____ Zip Code _____

From _____ To _____ Address _____

City _____ State _____ Zip Code _____

Employment History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From _____ To _____ Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Position _____ Duties _____

From _____ To _____ Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Position _____ Duties _____

From _____ To _____ Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Position _____ Duties _____

From _____ To _____ Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Position _____ Duties _____

ATTACH ADDITIONAL SHEETS, IF NECESSARY

PAWNBROKER SCHEDULE A ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions, and could be grounds for criminal prosecution, or revocation of any license/registration granted by the Division of Financial Institutions. False statements and misrepresentation could also cause other legal action to be initiated against me.

Signature

Date

Printed Name

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

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, 5% 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

6. 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.):

1. Name: _____
Title: _____
Residential Address: _____
Social Security Number: _____

2. Name: _____
Title: _____
Residential Address: _____
Social security number: _____

3. Name: _____
Title: _____
Residential Address: _____
Social Security Number: _____

4. Name: _____
Title: _____
Residential Address: _____
Social Security Number: _____

5. Name: _____
Title: _____
Residential Address: _____
Social Security Number: _____

6. Name: _____
Title: _____
Residential Address: _____
Social Security Number: _____

FINANCIAL STATEMENT

Attach Additional Sheets, If Necessary

- The financial statement must reflect the financial condition within **90 DAYS** of application.
- LIQUID ASSETS must be calculated according to Generally Accepted Accounting Principles (GAAP).
- At the time of application statute requires \$125,000 liquid assets.
- Statute requires the company to either provide a \$50,000 bond or keep at least \$75,000 in liquid assets per location.
- **DO NOT LEAVE ANY FIELDS BLANK!** Insert a “zero” as necessary.

Applicant Name: _____

Financial Statement date as of: _____

ASSETS		LIABILITIES & NET WORTH	
Cash on Hand	\$	Notes Payable to Banks (Secured) ⁶	\$
Cash in Banks ¹		Notes Payable to Banks (Unsecured) ⁶	
U.S. Government Securities ²		Notes Payable (Other)	
Listed Securities ²		Accounts Payable	
Unlisted Securities ²		Accrued Interest Payable	
Account Receivables Net ³		Taxes Accrued or Unpaid	
Notes Receivable Net ³		Mortgage Payable ⁶	
Real Estate Owned ⁴		Other Liabilities (Itemize)	
Furniture, Fixtures & Equipment			
Vehicles ⁵			
Other Assets (Itemize)			
		Total Liabilities	
		Net Worth	
Total Assets	\$	Total Liabilities & Net Worth	\$

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 from the bank of the unpaid balances as of the date of this financial statement.

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

PAWNBROKER CONSENT TO SERVICE AND JURISDICTION

Ohio Revised Code Sections 1321.21; 4727.01 to 4727.22 and 4727.99
Ohio Administrative Code Chapter 1301:8-5

Print or Type in Blue or Black Ink

NOTE: This Consent must be signed by:

- The owner if applicant is a sole proprietor;
- Two partners if the applicant is a partnership;
- Two members if applicant is a limited liability company (if applicable); or
- Two officers if the applicant is a corporation.

The person or corporation named in the foregoing application, being applicant for a license under the provision of the

Ohio Pawnbroker Act do(es) hereby appoint _____
Name in Full

whose residence address is _____ in the city of _____ Zip Code _____
Number and Street

a resident of the State of Ohio and County of _____

of which business of applicant is to be located, as agent upon whom may be served all judicial and other process or legal notice directed to applicant; and in case of the death, removal from the state, or other legal disability or disqualification of such agent, such service may be made upon the Superintendent of the Division of Financial institutions of the State of Ohio.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this _____ day of _____, 20 _____ and acknowledge that I (we) have authority to sign this Consent.

Printed Name (Person 1)

Printed Name (Person 2)

Signature (Person 1)

Signature (Person 2)

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I, the undersigned, do hereby accept the above appointment as agent of the applicant for service of all judicial and other process or legal notice directed to applicant.

Signature of Agent

Before me, a Notary Public in and for said state and county, personally appeared the above named _____
Name of Agent

_____ and acknowledged that the acceptance of the foregoing appointments is his voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 20 _____.

Signature of Notary Public

My commission expires: _____

OFFICE MANAGER STATEMENT

As identified on the Application, I am the Office Manager of the applicant and I certify that I have read and I am knowledgeable regarding the Ohio Pawnbroker Act (Ohio Revised Code Chapter 4727 and the Ohio Administrative Code Chapter 1301:8-5).

Printed Name: _____ Signed: _____

- See attached Resume, or:
- See the following business experience details (add pages as needed):

EMPLOYMENT HISTORY Include both the month and year - "From Mo/Yr To Mo/Yr"

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

From ____ To ____ Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip Code _____
Position _____ Duties _____

ATTACH ADDITIONAL SHEETS, IF NECESSARY

BACKGROUND CHECK INSTRUCTIONS

Required for the following individuals with an application

- **Corporation**: each senior officer, and anyone who owns 5% or more of the applicant business
- **Partnership**: every partner and each senior officer of the applicant business
- **L.L.C.**: each member and each senior officer of the applicant business
- **Sole Proprietor**: the owner of the applicant business

OHIO APPLICANT REQUIREMENTS

- If you have lived and worked *only* in Ohio during the past 5 years, you are only required to submit an Ohio criminal background check.
- If you are an Ohio resident but have lived or worked outside of Ohio during the past 5 years:
 - You must provide an Ohio criminal background check AND
 - You must provide a national FBI criminal background check.

OUT-OF-STATE APPLICANT REQUIREMENTS

- If you do not live in Ohio you must provide a national FBI criminal background check.

BACKGROUND CHECK INSTRUCTIONS

To obtain an Ohio criminal background check and/or an FBI criminal background check, the Division recommends using a Webcheck Agency authorized by the Ohio Attorney General's Bureau of Criminal Investigation ("BCI") to submit fingerprints to BCI.

- Information on obtaining a criminal background check through Webcheck Agencies is available online: <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing> or by calling BCI at 877-224-0043.
- The applicant must pay all fees associated with the criminal background check to the Webcheck Agency at the time the fingerprints are taken.
- Remember to take your government issued photo identification to the Webcheck Agency.
- If both an Ohio and FBI background check are necessary, confirm the Webcheck Agency provides both.
- Provide the Webcheck Agency with the following reason codes:

BCI Reason Code: 121.08

FBI Reason Code: 121.08

- Instruct the Webcheck Agency to send the results to the Division at:

**Division of Financial Institutions
Consumer Finance, Licensing Section
77 S. High Street, 21st Floor
Columbus, OH 43215-6133**

- BCI submits results to the Division within thirty (30) days of BCI's receipt of the fingerprints.

Alternatively, applicants may obtain FBI background checks via mail from BCI. To do so:

- Request an FBI fingerprint card from DFI at Webdfi-cf@com.state.oh.us.
- Take the card to your chosen background check agency for fingerprinting and completion.
- Mail the completed card along with a **money order or certified check for \$25.25 payable to "Treasurer, State of Ohio"** to:

**Ohio Bureau of Criminal Identification and Investigation
Post Office Box 365
London, Ohio 43140**

- Cash, personal, third party or starter checks will not be accepted.
- It takes a minimum of 45 days for the Division to obtain a criminal background check in this way.

DO NOT SEND THE COMPLETED FINGERPRINT CARD TO THE OHIO DIVISION OF FINANCIAL INSTITUTIONS! The Division does not process fingerprint cards, and therefore will return the card to you, causing a delay in the processing of your application.

CRIMINAL HISTORY STATEMENT

NOTE: Criminal history statement may be submitted in place of completing another criminal background check ONLY if:

- A completed criminal background report is currently on file with the Division; AND
- The most recent report on file is no older than six (6) months.

I further swear or affirm that, within the last six (6) months, I had a criminal background check completed in connection with a/an: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Check-Cashing Act Application | <input type="checkbox"/> Operations Manager Approval |
| <input type="checkbox"/> Credit Service Organization Act Application | <input type="checkbox"/> Pawnbroker Act Application |
| <input type="checkbox"/> Consumer Installment Loan Act Application | <input type="checkbox"/> Precious Metals Dealer Act Application |
| <input type="checkbox"/> General Loan Law Application | <input type="checkbox"/> Premium Finance Act Application |
| <input type="checkbox"/> Mortgage Loan Originator License Application | <input type="checkbox"/> Small Loan Act Application |
| <input type="checkbox"/> Residential Mortgage Lending Act Application | <input type="checkbox"/> Short Term Loan Act Application |

I, _____ (your name), hereby swear or affirm that I (circle one) **have / have not** been arrested for, charged with or convicted of any violation of any federal, state or local law within the last 12 months.

If you indicated that you HAVE been arrested for, charged with, or convicted of any crime within the last 12 months, provide a detailed explanation of the facts and circumstances of your case. Include the name of the arresting law enforcement agency or the court in which charges have been filed; the name of the crime with which you have been charged, and the degree of the offense; and the outcome or status of the case. In addition, you must attach a certified copy of the court journal entry that evidences the status of your case.

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I, the undersigned, do hereby accept the above appointment as agent of the applicant for service of all judicial and other process or legal notice directed to applicant.

Signature of Agent

Before me, a Notary Public in and for said state and county, personally appeared the above named _____
Name of Agent

_____ and acknowledged that the acceptance of the foregoing appointments is his voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal this _____

day of _____, 20 _____.

Notary Public – Printed Name

Notary Public - Signature

My commission expires: _____

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.