

**SMALL LOAN  
BRANCH OFFICE  
APPLICATION**

**Ohio Small Loan Act**

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99  
Ohio Administrative Code 1301:8-2



**Ohio Department Of Commerce  
Division Of Financial Institutions**

77 South High Street, 21st Floor

Columbus, Ohio, 43215-6120

Telephone: (614)728-8400

[www.com.state.oh.us/dfi](http://www.com.state.oh.us/dfi)

**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"*

<b>For DFI Use Only</b>
Issue Date _____
File ID _____

# SMALL LOAN BRANCH OFFICE APPLICATION

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99  
Ohio Administrative Code 1301:8-2

**Print or Type in Blue or Black Ink**  
**Do Not Use For Relocation.**

1. Name of Applicant \_\_\_\_\_  
*(Must be same business entity as original license.)*
2. License Number \_\_\_\_\_
3. Federal Tax ID Number \_\_\_\_\_
4. Fictitious name or D/B/A, if applicable \_\_\_\_\_
5. Address of business to be licensed \_\_\_\_\_  
*(Give building name, if any, and street address)*

City or Township \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
*(Physical Location)*

Telephone No. \_\_\_\_\_

(a) Is the address to be licensed zoned for this type of business? Yes  No  If not, a license cannot be issued.

(b) Indicate your home office business address:

\_\_\_\_\_

6. Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Audited Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. A licensee must have available for operation of such business current assets of at least \$10,000.00 for every branch either in use or readily available for use in the conduct of the business and as further defined in Regulation 1301:8-2-03. 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.

7. Will any other type of business be operated from this proposed location? Yes  No

*(If answer is yes, attach separate sheet marked "Schedule 7, stating type of other business.)*

8. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

*(If answer is yes, attach a separate sheet marked "Schedule 8" giving complete details.)*

9. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

*(If answer is yes, attach a separate sheet marked "Schedule 9" giving complete details.)*

<b>For DFI Use Only</b>		Fee:	\$325 if license is issued from 1/1 to 6/30
			\$450 if license is issued from 7/1 to 12/31
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 110-SL	Pay-In # _____	Deposit Date _____	RS: 2341-01
TC: 80-SL	Pay-In # _____	Deposit Date _____	RS: 2341-01

10. Has applicant, or have any co-partners, L.L.C. members, or corporate officers or directors of applicant, been arrested for, charged with or convicted of violation in any federal, state or local civil or criminal statute since original license was issued? (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) Yes  No

(If answer is yes, attach a separate sheet, marked "Schedule 10" giving a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint.)

11. Indicate your statutory agent in this state, if changed from your last application. If no change, indicate by checkmark.

\_\_\_\_\_  
(Name) (Address)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Phone)

12. Indicate the days and business hours of the proposed office. \_\_\_\_\_

13. Show the full business name as it will appear on the outside sign of the proposed office, if any.

\_\_\_\_\_

14. Verify that the response indicated in application question #5 is correct regarding the city, village or township, and is not just the mailing address.

The proposed office will be located in what political subdivision? (Pursuant to U.S. Post Office or the local Engineer's office.)

\_\_\_\_\_  
(City, Village, Township)

15. Will all of the records pertaining to the business, made pursuant to Sections 1321.01 to 1321.20 of the Ohio Revised Code, be maintained at this location? Yes \_\_\_\_ No \_\_\_\_ If no, indicate the licensed location where the records will be kept. \_\_\_\_\_

\_\_\_\_\_

- (a) Will this office use the same legal loan documents, computer system and programming that were approved for your original application? Yes \_\_\_\_ No \_\_\_\_ If no, submit new samples of each.

16. Indicate the location where your business advertising copies, scripts, videos, etc. will be kept:

\_\_\_\_\_  
(Address) (City/State) (Zip)

17. Indicate immediate area operations supervisor \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Business address) (Phone)

18. Please list the 800 telephone number, if any, for the corporate headquaraters. \_\_\_\_\_

19. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

\_\_\_\_\_  
\_\_\_\_\_

# SMALL LOAN BRANCH OFFICE APPLICATION

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99

Ohio Administrative Code 1301:8-2

(continued)

Company Name: \_\_\_\_\_

## NOTARIZATION

**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(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and all attachments have been prepared or carefully examined and approved by me (us) and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

\_\_\_\_\_  
Printed Name (Person 1)

\_\_\_\_\_  
Printed Name (Person 2)

\_\_\_\_\_  
Signature (Person 1)

\_\_\_\_\_  
Signature (Person 2)

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

**NOTE: Application Fee:** \$325 if license is issued from 1/1 to 6/30; or  
\$450 if license is issued from 7/1 to 12/31

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*For DFI Office Use Only*

Date application approved \_\_\_\_\_

By \_\_\_\_\_, Superintendent

*"An Equal Opportunity Employer and Service Provider"*

**RESOLUTION**

(TO BE ADOPTED BY CORPORATIONS ONLY)

\_\_\_\_\_  
*(Name of Corporation)*

A CORPORATION, AT A MEETING OF ITS 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, adopted the following resolution:

“BE IT RESOLVED, that \_\_\_\_\_  
*(Name and Corporate Title)*

and \_\_\_\_\_  
*(Name and Corporate Title)*

of \_\_\_\_\_ be authorized  
*(Name of Corporation)*

and directed to complete an application for and on behalf of the corporation for a \_\_\_\_\_  
*(Type of Application)*

\_\_\_\_\_ Certificate of Registration or License issued under Ohio law, and to affix their  
signatures to the application.”

**NOTARIZATION**

STATE OF: \_\_\_\_\_

SS:

COUNTY OF: \_\_\_\_\_

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of  
Directors and all information supplied above is complete, truthful and correct.

By \_\_\_\_\_  
*Corporate Secretary (Signature) (Date)*

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public PRINTED Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

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