



**Department of
Commerce**

Division of Financial Institutions

PAWNBROKER BRANCH 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

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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 BRANCH 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 7
- ❑ Company Resolution – (not required for Sole Proprietors) Sample Form on Page 8
- ❑ Financial Statement: Dated within 90 days prior to the application submission – Page 9
 - Submit a Financial Statement or a Financial Statement that includes a Balance Sheet
 - Statute requires \$125,000 liquid assets at the time of licensure R.C. 4727.03
 - Statute requires the company to either provide a \$50,000 bond or indicate in writing that it will keep at least \$75,000 in liquid assets per location throughout licensure effective dates.
 - Asset or bond requirements are per location
- ❑ Office Manager Statement – Page 10

PAWNBROKER BRANCH LICENSE APPLICATION

The Branch Application is the licensing form used by companies and sole proprietors to apply for any non-depository, financial services branch license authority with Ohio. Not all sections of this application may apply. 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 Branch Application.

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

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

(A) Entity name

(sole proprietors provide last, first, and full middle name)

(B) IRS Employer Identification Number

(Social Security Number is allowed for sole proprietorship)

(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
(For consumers)

Email Address

(F) Mailing address: Same as above

PO Box or Number & Street

City

State

Country/Province

Postal Code

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

Type of Business(es): _____

(H) (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 branch must be identified below. Use additional sheets as necessary.

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. Main Office Information

Provide the name and address of the Main Office.

Company			License #	
Number & Street (Do not provide PO Box)	City	State	Country/Province	Postal Code
Business Phone	Email Address			

4. Application Contact

Provide the name and phone number(s) of the person to contact with questions regarding the completion and content of this application.

Name	Phone #
Email Address	

5. Web Addresses

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

(A) Website Address: _____

Is the branch transacting business through this website? ☐ YES ☐ NO

(B) Website Address: _____

Is the branch transacting business through this website? ☐ YES ☐ NO

(C) Website Address: _____

Is the branch 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 branch. Minimum of one primary branch contact must be identified. Use additional sheets if necessary.

Primary Branch Contact				
First and Last Name		Title		
PO Box or Number & Street	City	State	Country/Province	Postal Code
Business Phone	Email Address			

7. Financial Statement

Submit a Financial Statement on the form provided by the Division of Financial Institutions (page 9) or a Financial Statement including Balance Sheet. Either Financial Statement shall accompany the branch 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 Branch License Application, the company must be able to demonstrate that each branch 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)

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

8. 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)

Email Address

Business Address

City, State, Zip

Phone Number

9. Document Samples

(1) Submit a complete sample of the **proposed** pawn/purchase forms, and legal notices to be used at this branch location, including the branch location 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 at this branch 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:

10. Continuing Education Designee

Indicate the name of the person(s) who will fulfill the 8-hour continuing education requirement for the 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

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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 _____

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: _____

Main Office License Number: _____ 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.

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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