



Department of Commerce

Division of Financial Institutions

Mike DeWine, Governor
Jon Rusted, Lt. Governor

Sheryl Maxfield, Director

STATEMENT ON PRIOR OHIO MONEY TRANSMISSION ACTIVITY

Instructions: Please complete and return this form as outlined below. This form is required in order to process the application. If additional space is needed, please submit an attachment.

Address: Ohio Division of Financial Institutions
77 South High Street, 21st Floor
Columbus, Ohio 43215

Contact Ohio Division of Financial Institutions licensing staff by phone at (614) 728-2636 or send your questions via email to Michael.Sabula@com.state.oh.us for additional assistance.

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STATEMENT OF PRIOR OHIO MONEY TRANSMISSION ACTIVITY

Applicant Name: _____

NMLS No.: _____

1. Has the applicant engaged in money transmission in the state of Ohio, as defined by the Ohio Money Transmitters Act (the "Act"), prior to the filing of its application?

Yes ☐ No ☐

2. If the answer to Question 1 is "Yes," complete the following:

- a. During what time frame did this activity take place?

- b. At the time of the activity, was the applicant licensed?

Yes ☐ No ☐

- c. At the time of the activity, is the applicant asserting that a license was not required under the Act?

Yes ☐ No ☐

If "Yes," explain:

- d. If applicant engaged in money transmission, other than while licensed or otherwise not required to be licensed, please provide the following for Ohio transactions only:

i. Total number of transactions: _____

ii. Type of transactions: _____

iii. Total dollar volume: _____

iv. Total fees generated: _____

v. Time frame of transactions: _____

I, _____, an officer, director, or owner of the applicant, state that the information on this document, and any attachments thereto, is true, correct and complete.

Signature

Date

Printed name: _____

Title: _____