



MIKE DEWINE

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FOR OFFICE USE ONLY

Reg No. _____

Issue Date _____

APPLICATION FOR CERTIFICATE OF REGISTRATION Telephone Solicitation Sales Act, § 4719 of Ohio Revised Code

-- TIPS FOR COMPLETING THIS APPLICATION --

- *Make sure you have reviewed Chapter 4719 of the Ohio Revised Code. Navigate to this link <http://codes.ohio.gov/orc/4719> .
- *Please review and answer/reply to each question, even if the information appears in an answer to another question or use N/A if a question is not applicable.
- *Some questions require attachment with identifying letters. Make sure that the correct attachment letter is on the attachment.
- *Instead of making multiple copies of certain questions of this application, you may submit attachments (i.e. computer reports, ect...) so long as the attachment contains all of the requested information of the question. The question and attachment must clearly reference each other.
- * Please provide scripts in an Ohio only format so that statute specific issues can easily be defined.
- *This application shall be accompanied by an application fee of \$250.00. Payment must be made by a certified check or money order payable to "Ohio Attorney General". The application fee is nonrefundable.
- * Only fully completed applications from companies that are interested in actively telemarketing in Ohio will be processed.
- *Certificates expire on the anniversary of the original issue date; therefore, a new application needs to be submitted along with **ALL REQUESTED DOCUMENTS ATTACHED.**

Applicant Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Tax Identification Number _____

If Applicant is an individual:

Date of Birth _____ Social Security Number _____

Driver's License No. _____ State of Issuance _____

1. List **all** business names, real and fictitious, that the applicant will use to engage in telephone solicitations: *(Please note, these names may also need to be properly registered with the Ohio Secretary of State's office pursuant to Title 17 of the Ohio Revised Code.)*

(To include additional business names attach a separate sheet marked "**Attachment A**")

2. State the name and street address of a *resident of Ohio* that serves as statutory agent for the purpose of service of process:

Name _____

Address _____

City _____ State _____ Zip _____

TelephoneNumber _____ FaxNumber _____

3. Has the applicant, at any time during the previous seven years, filed bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency? YES/NO _____

If YES, attach a separate sheet marked "**Attachment B**" that provides the name of the court that exercised jurisdiction, the date of the action, the docket number of the matter and the final disposition if applicable.

4. Attach a list to this application marked "**Attachment C**" that identifies each business or occupation engaged in by the applicant during the last three years and the location of each business or occupation. (Do not include the business activities for which this application was submitted)

5. Attach a list to this application marked "**Attachment D**" that identifies all of the employment/experience of the applicant as a telephone solicitor or salesperson *including business activities for which this application was submitted.*

6. Answer the following questions regarding the applicant and pertaining to any court of competent jurisdiction of this state, any other state or court of the United States.

(To include additional information, attach a separate sheet marked “**Attachment E**”.)

- (A.) Has the applicant been arrested for, convicted of, pleaded guilty to, or entered a plea of no contest for a felony? YES/NO _____

Is the applicant currently being prosecuted by indictment or information for a felony? YES/NO _____
If YES to either of the above questions, state the nature of the felony and provide the name of the court or administrative agency, the date of the filing, the docket number of the matter, and the final disposition if applicable:

- (B.) Has the applicant been convicted of or pleaded guilty to or entered a plea of no contest for engaging in a pattern of corrupt activity, racketeering, a violation of federal or state securities law, or a theft offense as defined in Section 2913.01 of the Revised Code or in similar law of any other state or the United States? YES/NO _____

Is the applicant currently being prosecuted by indictment or information for any of the above described felonies? YES/NO _____

If YES to either of the questions above, state the nature of the felony and provide the name of the court or administrative agency, the date of the filing, the docket number of the matter and the final disposition if applicable:

- (C.) Has there has ever been a judicial or administrative finding that the applicant has acted as a salesperson without a license, or whether such a license has been refused, revoked, or suspended in any jurisdiction? YES/NO _____

If YES to the question above, provide the name of the court or administrative agency, the date of the filing, the docket number of the matter and the final disposition if applicable:

- (D.) Has the applicant worked for or been affiliated with a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including an agreed judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or

administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive, or misleading representation; or the use of any unfair, unlawful, deceptive, or unconscionable trade act or practice? YES/NO_____

If YES to the above question, provide the name of the court or administrative agency, the date of filing, the docket number of the matter, and the final disposition if applicable:

(E.) In any jurisdiction, has there been entered against the applicant an injunction, a temporary restraining order, or a final judgment or order, including an agreed judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or administrative action involving engaging in a pattern of corrupt activity, racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive, or misleading representation; or the use of any unfair, unlawful, deceptive, or unconscionable trade act or practice? YES/NO_____

Is there any litigation or proceeding of the above described nature pending against the applicant? YES/NO_____

If YES, provide the name of the court or administrative agency, the date of filing, the docket number of the matter, and the final disposition if applicable:

7. List all telephone numbers to be used by the applicant, *including all telephone lines even if they are outbound or inbound lines only*, with the street address where each telephone using these numbers will be

located.

(To include additional information, attach a separate sheet marked "Attachment F".)

Telephone Number

Address

City, State, Zip

8. List the name, address and account number of each financial institution where banking or similar monetary transactions are done by the applicant. **Please note that account number information is not public record pursuant to Ohio Revised Code § 4719.02(E).**

(To include additional information attach a separate sheet marked "Attachment G")

Name	Address	Account Number

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

9. Provide the following information for the applicant:

(A.) The applicant's place of organization:

Street Address _____

City, State, Zip _____

(B.) If applicant is a partnership, attach a copy of any written partnership agreement.

(C.) If applicant is a corporation, limited liability company or any other form of organization, provide:

(1.) Date organized _____ in the State of _____.
Attach a copy of the current Articles of Incorporation/Organization and the Bylaws.

(2.) Address of headquarters:

Street Address _____

City, State, Zip _____

10. Provide the complete street address of each location from which the applicant will be doing business, designating the address of the principal location. You must include every address at which mail will be received by or on behalf of the applicant and identify any such location that is a post office box or mail drop:

Address _____

City _____ State _____ Zip _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address _____

City _____ State _____ Zip _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address _____

City _____ State _____ Zip _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

11. Provide the following information for any parent, affiliate, or other related entity *if the related entity may engage in a business transaction with a purchaser relating to any telephone solicitation by the applicant.*

(A.) Name and address of the related entity:

(Name)

(Street Address)

(City, State, Zip)

(B.) The related entity's place of organization:

(Street Address)

(City, State, Zip)

(C.) If the related entity is a partnership, **Attach a copy** of any written partnership agreement.

(D.) If the related entity is a corporation, limited liability company or any other form of organization, provide:

(1.) Date incorporated _____ in the State of _____.
Attach a copy of the current Articles of Incorporation/Organization and Bylaws.

(2.) Address of headquarters:

(Street Address)

(City, State, Zip)

12. Provide the following information for any related entity *that accepts responsibility or is otherwise held out by the applicant as being responsible for any statement or act of the applicant relating to any telephone solicitation by the applicant.*

(A.) Name and address of the related entity:

(Name)

(Street address)

(City, State, Zip)

(B.) The related entity's place of organization:

(Street address)

(City, State, Zip)

(C.) If the related entity is a partnership, attach a copy of any written partnership agreement.

(D.) If the related entity is a corporation, limited liability company or any other form of organization, provide:

(1.) Date incorporated _____ in the State of _____.

Attach a copy of the current Articles of Incorporation/Organization and Bylaws.

(2.) Address of headquarters:

Street Address _____

City, State, Zip _____

13. If the applicant is a corporation, partnership or proprietorship, list the following for each officer, director, trustee, general partner, limited partner, sole proprietor and owner:

(A.) Name _____

Office held _____ Ownership interest: YES/NO _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____ Date of Birth _____ \ _____ \ _____

(B.) Name _____

Office held _____ Ownership interest: YES/NO _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____ Date of Birth _____ \ _____ \ _____

(C.) Name _____

Office held _____ Ownership interest: YES/NO _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____ Date of Birth _____ \ _____ \ _____

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

14. List the following information for each individual not listed in answer to question 13 who has management responsibilities in connection with the business.

(A.) Name _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____ Date of Birth ____ \ ____ \ ____

Specific Management duties include _____

(B.) Name _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____ Date of Birth ____ \ ____ \ ____

Specific Management duties include _____

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

15. List the following information for each person who is in charge of each location specified in answer to question 10. List each person in charge, *even if that name appears in an answer to another question.*

(A.)

Name _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____

In charge of location at _____

(B.)
Name _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____

In charge of location at _____

(C.)
Name _____

Address of Residence _____

City _____ State _____ Zip _____

Drivers license No. _____ State of Issuance _____

Social Security Number _____

In charge of location at _____

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

16. Please list all salespersons and other individuals soliciting on behalf of the applicant. All salespersons must use their true names when engaging in telephone solicitation. A computer generated report (Mark as ATTACHMENT H) can be attached providing it contains all the requested information. **Please note that social security number information is not public record pursuant to Ohio Revised Code § 4719.02(E).**

(A.)
Name _____
Address of Residence _____
City _____ State _____ Zip _____
Drivers license No. _____ State of Issuance _____
Social Security Number _____ Date of Birth ____ \ ____ \ ____

(B.) Name _____
Address of Residence _____
City _____ State _____ Zip _____
Drivers license No. _____ State of Issuance _____
Social Security Number _____ Date of Birth ____ \ ____ \ ____

(C.) Name _____
Address of Residence _____
City _____ State _____ Zip _____
Drivers license No. _____ State of Issuance _____
Social Security Number _____ Date of Birth ____ \ ____ \ ____

***DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE
REQUESTED INFORMATION.
MARKED AS "ATTACHMENT H"***

17. List on the following page, information regarding any person listed in item 13, 14, 15, or 16 who:
- (A.) Has been convicted of or pleaded guilty to, entered a plea of no contest for, or is being prosecuted by indictment or information for a felony, engaging in a pattern of corrupt

activity, racketeering, a violation of federal or state securities law, or a theft offense as defined in Section 2913.01 of the Revised Code or in similar law of any other state or the United States.

- (B.) Is involved in pending litigation or proceedings or has had entered against itself an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or administrative action involving engaging in a pattern of corrupt activity, racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive, or misleading representation; or the use of any unfair, unlawful, deceptive, or unconscionable trade act or practice.
- (C.) Is or has been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or administrative action involving engaging in a pattern of corrupt activity, racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive, or misleading representation; or the use of any unfair, unlawful, deceptive, or unconscionable trade act or practice.
- (D.) At any time during the previous seven years, has filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency.
- (E.) Has been a principal, director, officer, or trustee of or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within one year after the person held that position.

If NO, person listed in questions **13, 14, 15, or 16** has been involved in such activity, please indicate such in this space:

If YES, Provide all requested information for each person.

Individual's name _____

Court or Administrative Agency Rendering Decision, Judgment or Order _____

Docket Number _____

Date Action Filed _____ Date of Conviction, Judgment or Order _____

Name of Governmental Agency Which Brought the Action _____

Individual's name _____

Court or Administrative Agency Rendering Decision, Judgment or Order _____

Docket Number _____

Date Action Filed _____ Date of Conviction, Judgment or Order _____

Name of Governmental Agency Which Brought the Action _____

Individual's name _____

Court or Administrative Agency Rendering Decision, Judgment or Order _____

Docket Number _____

Date Action Filed _____ Date of Conviction, Judgment or Order _____

Name of Governmental Agency Which Brought the Action _____

DUPLICATE THIS FORM AS NECESSARY OR ATTACH A COMPUTER REPORT LISTING ALL THE REQUESTED INFORMATION.

18. If the applicant is engaging in solicitations that involve the offering of a gift, award or prize, please provide the following disclosures for each item. ***Please note, Ohio Revised Code 4719.05 requires that a solicitor submit the following disclosures to the Attorney General, no later than fourteen (14) days prior to making statements concerning gifts, awards or prizes.***

(A.) Description of the item: _____

(B.) Item's verifiable market value and the basis for valuation: _____

—

(C.) All terms and conditions purchaser must satisfy in order to receive the item: _____

(D.) Verify that no payment or purchase of any kind is required to win a prize or to participate in a prize promotion, and provide a description of the no-purchase or no-payment method of participating in the prize promotion: _____

(E.) If they are ascertainable, provide the odds, for a given purchaser, of receiving the item. If the odds are not ascertainable, state all the factors and methods used in calculating the odds.

(F.) If a purchaser is to receive fewer than all the items described by the seller, provide the manner in which the telephone solicitor decides which item a given purchaser is to receive and if they are ascertainable, the odds, for a given purchaser, of receiving each item described. If the odds are not ascertainable, state all the factors and methods used in calculating the odds.

(G) Provide the name, address, and telephone number of each person that, during the preceding twelve months or any portion of that twelve-month period in which the telephone solicitor has done business, has received each gift, award, or prize. If necessary, please submit an attachment marked as **“Attachment I”**.

19. Include with this application a copy of:

(A) All scripts, outlines or presentations the applicant will require or suggest be used by a salesperson when soliciting. If no such documents are to be used, attach a notarized statement to that effect.

Please note, Ohio Revised Code 4719.06 REQUIRES certain information to be verbally disclosed by a salesperson or solicitor and therefore, this information should be included in appropriate scripts submitted. See the above referenced section of the statute for a full explanation of this requirement.

(B) All sales information or literature to be provided by the applicant to a salesperson. (including verification of employee training regarding DNC)

(C) All sales information or literature to be provided by the applicant to a purchaser in connection with any solicitation.

Please note, Ohio Revised Code 4719.07 REQUIRES either a written confirmation or a notice of cancellation be given to a purchaser and therefore, these materials must be submitted with your application. See the above referenced section of the statute for a full explanation of this requirement.

(D) Please provide any written policies and procedures on complying with the Federal Communication Commission’s Telephone Consumer Protection Act of 1991 (47 USC § 227), and the Federal Trade Commission’s Telemarketing Sales Rule (15 USCS §6101 & 16 CFR 310.1), particularly with respects to compliance with the do-not-call provisions or state with specificity the reason why applicant is not required to comply. Please submit an attachment marked as **“Attachment J”**.

Are you registered with the Federal Trade Commission to download the National Do-Not-Call Registry? If so, please provide your organization ID.

20. **Surety Bond:** **Attach a copy of a surety bond in the amount of \$50,000.00.** *The bond must be issued by a surety company which holds a certificate of authority to do business in Ohio issued by the Superintendent of Insurance. The bond must meet the requirements set forth in Section 4719.04 of the Revised Code.*

Name of Surety Company _____

NAIC# _____ Statutory Home Location _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

21. Retain a copy of this application for your records. Send the completed application, attachments, and the attestation on the following page to:

Registration Unit
Office of the Attorney General
Consumer Protection Section
State Office Tower - 14th Floor
30 East Broad Street
Columbus, Ohio 43215-3428

Failure to submit the proper fee or to fully complete all sections and questions of the application will result in the return of the form to you.

ATTESTATION

I swear or affirm that this application and any attachments hereto, have been prepared or carefully reviewed by me and constitute a complete, truthful and correct statement of all information required therein. I further realize that any false responses or statements will be grounds for denial of this application, and may subject me to civil and/or criminal prosecution, as provided by law.

(Date)

Signature

Title

NOTARY

STATE OF _____)

)

SS:

COUNTY OF _____)

)

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the person therein named and for the purposes therein set forth, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature - Notary Public

Affix Notary Seal

My Commission Expires _____