**INSTRUCTIONS:** Please complete a separate application for EACH licensed location and submit using one of the options below. Renewal fees are \$1000 *per application*. Renewal documents should be received in the Division of Finance office by December 31. Remember to also submit a copy of your surety bond continuation certificate and proof of business liability insurance.

## **Options for submitting application and payment:**

• Pay online by credit card or eCheck, then email completed application(s) and payment receipt to <u>CCApplications@dof.mo.gov</u>.

Instructions for online payment:

Please click the link below to be taken to our online payment system. Once there, click on 'Make a one-time payment' and choose the following options: Payment Category = Finance; Payment Type = Consumer Credit Fees.

https://magic.collectorsolutions.com/magic-ui/Login/mo-insurance-finance-pro-reg

Once your payment is complete, please save a copy of the receipt provided and submit it with your application.

• Submit completed application(s) and check to the appropriate address below. Checks should be made payable to Missouri Division of Finance.

Regular Mail: Missouri Division of Finance PO Box 716 Jefferson City MO 65102 Express Delivery: Missouri Division of Finance 301 W. High Street, Room 630 Jefferson City MO 65101

For questions, please contact our office at 573-751-3463 or finance@dof.mo.gov.

## **CURRENT LICENSE EXPIRES DECEMBER 31**

## **RENEWAL APPLICATION**

**Instructions:** Please return a completed form along with the licensing fee of **\$1,000.00**, for **EACH LOCATION** transacting business to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102 *For questions, contact the Consumer Credit Licensing Section, 573-751-3463.* 

MISSOURI DIVISION OF FINANCE		OFFICE USE ONLY			
<b>Renewal Application for</b>			TL – –		<i>Rec#</i>
			Check No.	Amoun	t: \$
Titl	e Loan License		Date:	Initials:	
<u>**IF NOT RENEWING</u> – Please check, provide appropriate information, and <u>return to the above address</u> .					
Ceased lending activities Closed location Sold to:					
Information EXACTLY as it appears on current license:					
Company Name: License Number:					
Address:					
	<b>G</b>				
	Stat Fax:	te:	Zip:		
Telephone:	rax:		County (MO only):		
	ed Location information is changed				
	State: Fax:		-		
	I u.,	Cou			
Hours of Operation:					
	Name/Title:				
Contact Person for Licensing/Renewal	Mailing Address:				
Issues:	City/State/Zip:				
	Telephone: ( )		E-Mail:		
Person to Receive Examination Reports:	Name/Title:				
	Mailing Address:				
	City/State/Zip:				
	Telephone: ( )		E-Mail:		
Contact Person for Consumer Inquiries/ Complaint Issues:	Name/Title:				
	Mailing Address:				
	City/State/Zip:				
	Telephone: ( )		E-Mail:		

Company Home Office Information (if applicable)	Name
	Street Address:
	Mailing Address:
	City/State/Zip:
	Telephone: ( ) Fax: ( )

**<u>Ownership</u>:** Individual, complete Section I. Partnership, complete Section II(a). Corporation or LLC, complete Sections II(a) and II(b).

I. INDIVIDUAL	Name:	Phone Number: ( )	
	Residence Address:   Business Address:		
II(a). PARTNERSHIP, ASSOCIATION <u>OR</u> CORPORATION	Name:	Phone Number: ( )	
	Principal Business Address:		
Names, Titles of Partners/Officers	Business Address	Residence Address	
II(b).	Date of Incorporation:		
CORPORATION	Principal Office in Missouri (if applicable):		

## **Financial Information**

ASSETS	Amount	LIABILITIES & CAPITAL	Amount
Cash	\$	Liabilities	\$
Bank Accounts		Other Liabilities:	
Investments		(Itemize)	
Loans Receivable		TOTAL LIABILITIES	\$
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets:		(Must be \$75,000 or over)	\$
(Itemize)		Other: (Itemize)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & CAPITAL	\$

STATE OF )			
) COUNTY OF)			
	, being duly sworn, upon his/her oath,		
states that the facts contained in the foregoing application and attached proof of insurance are true.			
	Signature / Officer, Partner, Principal		
Subscribed and sworn to before me this day of	, 200		
	Notary Public		
	My Commission expires:		