DIVISION OF FINANCE

Telephone 573-751-3242
Mailing Address:
PO Box 716
Jefferson City, Missouri 65102-0716

Harry S Truman Building
Sixth Floor
301 West High Street
Jefferson City, Missouri 65101

CHAPTER 436 - CONSUMER LEGAL FUNDING LICENSING APPLICATION PACKET (Licensing Year July 1 through June 30)

Instructions:

1. The enclosed application must be completed in its entirety.

2. You may complete the balance sheet portion of the application either directly on the application itself or by attaching a copy of the same.

3. Application must be signed before a notary public.

* 4. Please note, the fee structure has changed effective August 28, 2026, to reflect House Bill 2423 as follows:
-$2,000 for the first location
-$300 for each additional location(s)
-$300 for small operations, with less than one hundred active accounts

5. Future changes to information on the application must be reported to this office immediately.

6. If you have any further questions regarding the filing of this application, please call our office at 573-751-3463.

NEW LICENSED LOCATION

Instructions: Please complete this form and submit, along with the licensing fee(s), to the Division of Finance, 301 West High Street, Harry S. Truman State Office Bldg., Room 630, P.O. Box 716, Jefferson City, MO 65102. *Should you have any questions, please contact the Consumer Credit Licensing Section at 573-751-3463.*

MISSOURI DIVISION OF FINANCE

Application for
Consumer Legal Funding Act
Section 436.550-572
License Year: July 1 – June 30

OFFICE USE ONLY --	
436 - _____	***Rec#*** _____
Check No.	Amount: $
Date:	Initials:

Information for Licensed Location:

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **County (MO only):** _____

Internet address: _____

Hours of Operation:		
Licensing Contact for Renewal Applications:	Name:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:
Contact Person to Receive Examination Reports:	Name:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:
Contact Person for Office and Consumer Inquiries/Complaints:	Name:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:
Information Regarding Preparer of Application:	Name:	
	Telephone:	E-Mail:
Mailing Instructions for this License Certificate:	☐ Mail to Licensed Location ☐ Mail to Licensing Contact above ☐ Other (please specify): _____	

If applicant is: Individual, complete Section I. **Partnership**, **Corporation**, **or LLC** complete Section II

I. INDIVIDUAL	**Name:**	**Phone Number: ( )**
	Residence Address:	
	Business Address:	
II. PARTNERSHIP, ASSOCIATION , LLC, CORPORATION	**Name:**	**Phone Number: ( )**
	Principal Business Address:	
Names, Titles of Partners/Officers/ Members	**Business Address**	
Date of Incorporation	**Principal Office in Missouri (if applicable)**	

ASSETS	Amount	LIABILITIES	Amount
A. Cash on Hand	$	J. Stock - Common	$
B. Cash in Bank		K. Stock - Preferred	
Name of Bank:		L. Surplus	
C. Accounts Receivable		M. Undivided Profits	
D. Notes Receivable		N. Reserves	
E. Stock Owned		O. Bonds	
F. Bonds Owned		P. Mortgages	
G. Mortgages Owned		Q. Accounts Payable	
H. Real Estate Owned		R. Notes Payable	
I. Other Assets: (Itemize)		S. Other Liabilities: (Itemize)	
TOTAL ASSETS	$	**TOTAL LIABILITIES**	$

STATE OF _____)
)
COUNTY OF _____)

(Name of Officer/Partner/Principal) _____, being duly sworn, upon his/her oath, states that the facts contained in the foregoing application are true.

_____
Signature / Officer, Partner, Principal

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public
My Commission expires: _____

Payment Options:

- Pay online with credit card or eCheck
- Pay by check

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 to ccapplications@dof.mo.gov or by mail (see below).

Instructions for paying by check:

Please make your check payable to Missouri Division of Finance and submit it along with your application to the appropriate address below. Please allow for delivery time when calculating your fee amount.

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