

Instructions: Please complete this form and submit, along with the licensing fee of **\$500.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

MISSOURI DIVISION OF FINANCE Renewal Application for Consumer Credit Loans Small Loan Certificate of Registration Chapter 367 License	OFFICE USE ONLY	
	367 – ____ – _____	Rec# _____
	Check No. _____	Amount: \$ _____
	Date: _____	Initials: _____

****IF NOT RENEWING – Please check, provide appropriate information, and return to the above address.**
 Ceased lending activities Closed location Sold to: _____

Information as listed on current license:

Company Name: _____ **License Number:** _____

Street Address: _____

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

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

Please check if above Licensed Location information is correct.

Internet Operation? Yes No If Yes, web site address _____

Check if above Licensed Location information is changed or incorrect and enter correct information below:

Company Name: _____

Street Address: _____

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

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

Hours of Operation:	
Contact Person for Licensing/Renewal Issues:	Name/Title: _____
	Mailing Address: _____
	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: ()

OWNERSHIP: If applicant is: **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). If CORPORATION	Date of Incorporation:	
	Principal Office in Missouri (if applicable):	

STATEMENT: The undersigned, first being duly sworn, states that (s)he is a(n) (officer) (principal) (partner) (authorized representative) in the above-named company and that facts contained in the foregoing application are true.

_____ (Signature)(Officer/Title, Partner)