

Instructions: Please return this **original** form 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 Small, Small Loans Certificate of Registration Section 408.500 License	OFFICE USE ONLY	
	500 – ____ – _____	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 EXACTLY as it appears 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: _____

