

INSTRUCTIONS: Please complete a separate application for EACH licensed location and submit using one of the options below. Renewal fees are \$300 *per application*. Renewal documents should be received in the Division of Finance office by June 30.

Options for submitting application and payment:

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

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.

INSTRUCTIONS: Please complete this application form and submit, including licensing fee of \$300, to the **Division of Finance, P.O. Box 716, Jefferson City, Missouri 65102-0716.**

Renewal Application

MISSOURI DIVISION OF FINANCE Renewal Application For Credit Service Organization Certificate of Registration Chapter 407 License	Office Use Only	
	CR- ____ - _____	Rec#
	Check No.	Amount:
	Date:	Initials:
I. COMPANY NAME LICENSE NUMBER:		
Address:		
Phone:	Fax:	

II. OFFICERS AND DIRECTORS

Name and Title	Residence Address	Business Address

III. LITIGATION AND UNRESOLVED COMPLAINTS CONCERNING THE REGISTRANT - If there is none, note "NONE".

Complaint or Adversary	Venue	Date Filed

Please complete reverse side.

IV. STATEMENT

_____, the undersigned, first being duly sworn states that (s)he is a(n) (officer) (principal) (partner) in the company above named and that the foregoing details the litigation or unresolved complaints against _____ and the facts contained in the foregoing application are true.

(Registrant)

(Signature of Officer)

State of _____)

County of _____)

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

My Commission expires on the _____ day of _____, _____.

Notary Public

IV. PREPARER

Name of Preparer:	Home Office Contact (if applicable):
Company Name:	Company Name:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Email:	Email: