INSTRUCTIONS: Please complete a separate application for EACH licensed location and submit using one of the options below. Renewal fees are \$500 *per application*. Renewal documents should be received in the Division of Finance office by December 31.

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 <u>finance@dof.mo.gov</u>.

CURRENT LICENSE EXPIRES DECEMBER 31

RENEWAL APPLICATION

Instructions: Please return a completed form along with the licensing fee of \$500.00, 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		
Renewal Application for		365		Rec#
	ehicle Time Sales Act	Check No.	Amoun	
Chapter 365 License		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:				
Address:				
City:	State:	Zip):	
Telephone:	Fax:	County (MO only)		
Check if above Licer	nsed Location information is changed or in	correct and enter correct in	nformati	on below:
Company Name:				
City:	State:			
	State: C	Zip:		
Telephone:		Zip:		
	Fax: C	Zip:		
Telephone:	Name:	Zip:		
Telephone: Hours of Operation: Contact Person for Licensing	Name: Mailing Address:	Zip:		
Telephone: Hours of Operation: Contact Person for	Name: Mailing Address: City/State/Zip:	ounty (MO only):		
Telephone: Hours of Operation: Contact Person for Licensing	Name: Mailing Address: City/State/Zip: Telephone: ()	Zip:		
Telephone: Hours of Operation: Contact Person for Licensing Issues/Renewals:	Name: Name: City/State/Zip: Telephone: () Name:	ounty (MO only):		
Telephone: Hours of Operation: Contact Person for Licensing	Name: Mailing Address: City/State/Zip: Telephone: ()	ounty (MO only):		
Telephone: Hours of Operation: Contact Person for Licensing Issues/Renewals:	Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address:	ounty (MO only):		
Telephone: Hours of Operation: Contact Person for Licensing Issues/Renewals:	Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address: City/State/Zip:	E-Mail:		
Telephone: Hours of Operation: Contact Person for Licensing Issues/Renewals: Person to Receive Examination Reports:	Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address: City/State/Zip: Telephone: ()	E-Mail:		
Telephone: Hours of Operation: Contact Person for Licensing Issues/Renewals: Person to Receive Examination Reports: Contact Person for Consumer Inquiries/	Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address: City/State/Zip: Telephone: () Name:	E-Mail:		
Hours of Operation: Contact Person for Licensing Issues/Renewals: Person to Receive Examination Reports: Contact Person for	Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address: City/State/Zip: Telephone: () Name: Mailing Address:	E-Mail:		

If applicant is: Individual, complete Section I. Partnership, complete Section II(a). Corporation, complete Sections II(a) and II(b). **Phone Number: (** Name:) I. INDIVIDUAL **Residence Address: Business Address:** II(a). **Phone Number: (**) Name: PARTNERSHIP, ASSOCIATION OR **Principal Business Address:** CORPORATION Names, Titles of **Business Address** Residence Address Partners/Officers **Date of Incorporation:** II(b) CORPORATION Principal Office in Missouri (if applicable): **ASSETS** LIABILITIES **Amount** Amount A. Cash on Hand \$ J. Stock - Common \$ K. Stock - Preferred B. Cash in Bank 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: S. Other Liabilities: (Itemize) (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 ______, 2____. **Notary Public** My Commission expires: