

Instructions: Please complete this form and submit, including 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 Premium Finance Company Certificate of Registration	OFFICE USE ONLY	
	PF – ___ – _____	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.

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: () _____ Email: _____
Person to Receive Examination Reports	Name/Title: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ Email: _____
Contact Person for Consumer Inquiries/ Complaint Issues	Name/Title: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ Email: _____

