

Instructions: Please return this **original** form along with the licensing fee of **\$1,000.00**, 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 Title Loan License	OFFICE USE ONLY	
	TL – ___ – _____	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:** _____

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: _____

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: **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 OR CORPORATION	Name:	Phone Number: ()
	Principal Business Address:	
Names, Titles of Partners/Officers	Business Address	Residence Address
II(b). CORPORATION	Date of Incorporation:	
	Principal Office in Missouri (if applicable):	

Financial Information

ASSETS	Amount	LIABILITIES & CAPITAL	Amount
Cash	\$	Liabilities	\$
Bank Accounts		Other Liabilities: (Itemize)	
Investments			
Loans Receivable		TOTAL LIABILITIES	\$
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets: (Itemize)		(Must be \$75,000 or over)	\$
		Other: (Itemize)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & CAPITAL	\$

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 and attached proof of insurance are true.

Signature / Officer, Partner, Principal

Subscribed and sworn to before me this _____ day of _____, 200 _____.

Notary Public
My Commission expires: _____

BUSINESS FINANCIAL STATEMENT

**BUSINESS NAME
OF APPLICANT/LICENSEE** _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF PREPARER _____

BALANCE SHEET

AS OF

ASSETS		LIABILITIES AND CAPITAL	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Cash		LIABILITIES	
Bank Accounts			
Investments			
Loans Receivable		TOTAL LIABILITIES	
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES AND CAPITAL	