

**Instructions:** Please return this **original** form along with the first year licensing fee of **\$300.00**, 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.

|  |                           |                  |
|--|---------------------------|------------------|
| <b>MISSOURI DIVISION OF FINANCE</b><br><br><b>Renewal Application for</b><br><b>Small, Small Loans Certificate of Registration</b><br><b>Section 408.500 License</b> | <b>OFFICE USE ONLY</b>    |                  |
|  | <b>500</b> – ____ – _____ | 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):** \_\_\_\_\_

|   |  |
|---|--|
| <b>Hours of Operation:</b>                                      | _____  |
| <b>Contact Person for Licensing/Renewal Issues:</b>             | <b>Name/Title:</b> _____   |
|   | <b>Mailing Address:</b> _____                                    |
|   | <b>City/State/Zip:</b> _____                                     |
|   | <b>Telephone:</b> (    ) <b>Fax:</b> (    ) <b>E-Mail:</b> _____ |
| <b>Person to Receive Examination Reports:</b>                   | <b>Name/Title:</b> _____   |
|   | <b>Mailing Address:</b> _____                                    |
|   | <b>City/State/Zip:</b> _____                                     |
|   | <b>Telephone:</b> (    ) <b>Fax:</b> (    ) <b>E-Mail:</b> _____ |
| <b>Contact Person for Consumer Inquiries/ Complaint Issues:</b> | <b>Name/Title:</b> _____   |
|   | <b>Mailing Address:</b> _____                                    |
|   | <b>City/State/Zip:</b> _____                                     |
|   | <b>Telephone:</b> (    ) <b>Fax:</b> (    ) <b>E-Mail:</b> _____ |

