

DIVISION OF FINANCE

Telephone 573-751-3242
Mailing Address:
P. O. Box 716
Jefferson City, Missouri 65102-
0716



Harry S Truman State Office Building
Sixth Floor
301 West High Street
Jefferson City, Missouri 65101

CHAPTER 367 - SMALL LOAN COMPANY LICENSING APPLICATION PACKET (Licensing Year July 1 through June 30)

Instructions:

1. The enclosed application must be completed in its entirety. Be sure to sign the application where indicated.
 2. Chapter 367 - Small Loan Company registration fees are pro-rated according to the effective date of the license. You will find a pro-rated fee schedule on page 2 of the application. **Please allow for mail time when calculating your pro-rated fee.** Your fee must be submitted with your completed application.
 3. If you would like your license sent to an address other than the company address, please note this on your application.
 4. Should your company move to a new location, you must notify our office immediately and surrender your original license for amendment.
 5. If you have any further questions regarding the filing of this application, please call our office at 573-751-3463.
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Instructions: Please complete this form and submit, including licensing fee (see reverse side for pro-rated amount), to the Division of Finance, 301 West High Street, Harry S. Truman State Office Bldg., Room 630, P.O. Box 716, Jefferson City, MO 65102. **PLEASE NOTE: THE LICENSING FEE APPLIES TO EACH LOCATION TRANSACTING BUSINESS.** Should you have any questions, please contact the Consumer Credit Licensing Section at 573-751-3463.

MISSOURI DIVISION OF FINANCE Application for Consumer Credit Loans Small Loan Certificate of Registration Licensing Year: July 1 – June 30	OFFICE USE ONLY --	
	367 - _____	Rec# _____
	Check No. _____	Amount: \$ _____
	Date: _____	Initials: _____

Information for Licensed Location:

Company Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____ **Fax:** _____

County (MO only): _____

Internet Lender NO YES **If Yes, website address:** _____

Hours of Operation:	_____
Licensing Contact for <u>Renewal</u> Applications:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____
Contact Person to Receive Examination Reports:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____
Contact Person for Office and Consumer Inquiries /Complaints:	Name: _____
	Street Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____
Information Regarding Preparer of Application:	Name: _____
	Telephone: () _____ E-Mail: _____
Mailing Instructions for this License Certificate:	<input type="checkbox"/> Mail to Licensed Location <input type="checkbox"/> Mail to Licensing Contact above <input type="checkbox"/> Other (please specify): _____

Payment Options:

- Pay online by credit card or eCheck
- Pay by check

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.

Instructions for paying by check:

Please make your check payable to Missouri Division of Finance and submit it along with your application to the appropriate address below. Please allow for delivery time when calculating your pro-rated fee amount.

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