

# 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

***EARNED WAGE ACCESS SERVICES PROVIDER***  
***Section 361.749***  
***LICENSING APPLICATION PACKET***  
***(Licensing Year July 1 through June 30)***

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Instructions:

1. The enclosed application must be completed in its entirety.
  2. Application must be signed before a notary public.
  3. The licensing fee of \$1,000 made payable to the "Division of Finance" must be submitted with your completed application. Please see payment options on the last page of this packet.
  4. Future changes to information on the application must be reported to our office immediately.
  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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**NEW LICENSE APPLICATION**

**Instructions:** Please complete this form and submit, along with the \$1,000.00 licensing fee, 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. *Should you have any questions, please contact the Consumer Credit Licensing Section at 573-751-3463.*

<b>MISSOURI DIVISION OF FINANCE</b>  <b>Application for</b> <b>Earned Wage Access Services Provider</b> <b>Section 361.749</b>  <b>License Year: July 1 – June 30</b>	<b>OFFICE USE ONLY --</b>	
	<b>EWA - _____</b>	<b>Rec# _____</b>
	Check No. _____	Amount: \$ _____
	Date: _____	Initials: _____

Information for Licensed Location:

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **County (MO only):** \_\_\_\_\_

**Internet address:** \_\_\_\_\_

Hours of Operation:	
Licensing Contact for <u>Renewal</u> Applications:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: _____ E-Mail: _____
Contact Person for Regulatory Compliance	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: _____ E-Mail: _____
Contact Person for Office and Consumer Inquiries/Complaints:	Name: _____
	Mailing 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): _____

**If applicant is: Individual, complete Section I. Partnership, Corporation, or LLC complete Section II**

<b>I. INDIVIDUAL</b>	<b>Name:</b>	<b>Phone Number: (    )</b>
	<b>Residence Address:</b>	
	<b>Business Address:</b>	
<b>II. PARTNERSHIP, ASSOCIATION, LLC, CORPORATION</b>	<b>Name:</b>	<b>Phone Number: (    )</b>
	<b>Principal Business Address:</b>	
<b>Names, Titles of Partners/Officers/ Members</b>	<b>Business Address</b>	
<b>Date of Incorporation</b>	<b>Principal Office in Missouri (if applicable)</b>	

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

(Name of Officer/Partner/Principal) \_\_\_\_\_, being duly sworn, upon his/her oath, states that the business applying for licensure is financially capable of engaging in the business of earned wage access services; and, if a corporation, that the corporation is authorized to transact business in the state of Missouri.

\_\_\_\_\_  
Signature / Officer, Partner, Principal

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

Payment Options:

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

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**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.

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