

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)

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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RENEWAL 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.*

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

Information for Licensed Location:

Company Name: _____ **License Number:** _____

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

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

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 with 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 to ccapplications@dof.mo.gov or by mail (see below).

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