

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 364 - MISSOURI FINANCIAL INSTITUTION LICENSING APPLICATION PACKET (Licensing Year January 1 through December 31)

Instructions:

1. The enclosed application must be completed in its entirety.
 2. You may complete the balance sheet portion of the application either directly on the application itself or by attaching a copy of the same.
 3. Application must be signed before a notary public.
 4. The licensing fee of \$600 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.
 5. Future changes to information on the application must be reported to this office immediately.
 6. 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, along with the \$600.00 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. **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 Missouri Financing Institution Licensing Act - Chapter 364 License Year: January 1 – December 31	OFFICE USE ONLY --	
	364 - _____	Rec# _____
	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 to Receive Examination Reports:	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, CORPORATION	Name:	Phone Number: ()
	Principal Business Address:	
Names, Titles of Partners/Officers	Business Address	Residence Address
Date of Incorporation	Principal Office in Missouri (if applicable)	

ASSETS	Amount	LIABILITIES	Amount
A. Cash on Hand	\$	J. Stock - Common	\$
B. Cash in Bank		K. Stock - Preferred	
Name of Bank:		L. Surplus	
C. Accounts Receivable		M. Undivided Profits	
D. Notes Receivable		N. Reserves	
E. Stock Owned		O. Bonds	
F. Bonds Owned		P. Mortgages	
G. Mortgages Owned		Q. Accounts Payable	
H. Real Estate Owned		R. Notes Payable	
I. Other Assets: (Itemize)		S. Other Liabilities: (Itemize)	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

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 are true.

 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