

INSTRUCTIONS: Please complete a separate application for EACH licensed location and submit using one of the options below. Renewal fees are \$600 *per application*. Renewal documents should be received in the Division of Finance office by December 31.

Options for submitting application and payment:

- Pay online by credit card or eCheck, then email completed application(s) and payment receipt to CCApplications@dof.mo.gov.

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.

- Submit completed application(s) and check to the appropriate address below. Checks should be made payable to Missouri Division of Finance.

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

For questions, please contact our office at 573-751-3463 or finance@dof.mo.gov.

Instructions: Please return a completed form along with the licensing fee of **\$600.00**, for **EACH LOCATION** transacting business to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. *For questions, contact the Consumer Credit Licensing Section, 573-751-3463.*

MISSOURI DIVISION OF FINANCE Renewal Application for Missouri Financial Institution Licensing Act Chapter 364 License	OFFICE USE ONLY	
	364 – _____ – _____	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:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **County (MO only):** _____

Check if above Licensed Location information is changed or incorrect and enter correct information below:

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **County (MO only):** _____

Hours of Operation:	
Contact Person for Licensing Issues/Renewals:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____
Person to Receive Examination Reports:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____
Contact Person for Consumer Inquiries/ Complaint Issues:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: () _____ E-Mail: _____

If applicant is: Individual, complete Section I. Partnership, complete Section II(a). Corporation, complete Sections II(a) and II(b).

I. INDIVIDUAL	Name:	Phone Number: ()
	Residence Address:	
	Business Address:	
II(a). PARTNERSHIP, ASSOCIATION <i>OR</i> CORPORATION	Name:	Phone Number: ()
	Principal Business Address:	
Names, Titles of Partners/Officers	Business Address	Residence Address
II(b) CORPORATION	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 _____, 2____.

 Notary Public
 My Commission expires: _____