

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 Motor Vehicle Time Sales Act Chapter 365 License	OFFICE USE ONLY	
	365 - ____ - ____	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: _____

