

DIVISION OF FINANCE



Telephone 573-751-3242
Mailing Address:
PO Box 716
Jefferson City, Missouri 65102-0716

Harry S Truman Building
Sixth Floor
301 West High Street
Jefferson City, Missouri 65101

SECTION 408.500 – PAYDAY LENDER RENEWAL 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. Please note, the fee structure has changed effective August 28, 2026, to reflect House Bill 2423 as follows:
 - \$2,000 for the first location
 - \$300 for each additional location(s)
 - \$300 for small operations, with less than one hundred active accounts
 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, including the licensing fee(s) 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 Payday Lender Certificate of Registration – Section 408.500	OFFICE USE ONLY	
	500 – ____ – ____	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 as listed on current license:

Company Name: _____

License Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

County (MO only): _____

☐ Please check if above Licensed Location information is correct.

Internet Operation? ☐ Yes ☐ No If Yes, web site address: _____

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

Company Name: _____

Street Address: _____

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

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

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

Company Home Office Information (if applicable)	Name	
	Street Address:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	Fax:

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

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

STATEMENT: The undersigned, first being duly sworn, states that (s)he is a(n) (officer) (principal) (partner) (authorized representative) in the above-named company and that facts contained in the foregoing application are true.

(Signature)(Officer/Title, Partner)

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 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