

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

SECTION 408.500, SMALL, SMALL LOAN COMPANY LICENSING APPLICATION PACKET (Licensing Year January 1 through December 31)

--LENDERS OF UNSECURED LOANS OF FIVE HUNDRED DOLLARS OR LESS--

Instructions:

1. The enclosed application must be completed in its entirety. Be sure to sign the application where indicated.
 2. Section 408.500 registration fees are pro-rated according to the effective date of the license. You will find a pro-rated fee schedule on page 2 of the application. Your fee must be submitted with your completed application. Payment options are detailed on the last page of this packet.
 3. If you would like your license sent to an address other than the company address, please note this on your application.
 4. Future changes to information on the application must be reported to our office immediately.
 5. A licensee who ceases business pursuant to this section must notify the director to request an examination of all records within ten (10) business days prior to cessation. All records must be retained at least two years. You will need to surrender your original license with a written explanation for cessation, including location of receivables, if any.
 6. If you have any further questions regarding the filing of this application, please call our office at 573-751-3463, or email us at ccapplications.dof.mo.gov
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Instructions: Please complete this form and submit, including licensing fee (see Page 2 for pro-rated amount), 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 Small, Small Loans Certificate of Registration Section 408.500 License	OFFICE USE ONLY --	
	500 - _____	Rec# _____
	Check No. _____	Amount: \$ _____
	Date: _____	Initials: _____

Information for Licensed Location:

Company Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____ **Fax:** _____

County (MO only): _____

Internet Lender ☐ NO ☐ YES If Yes, Website 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): _____	

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

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 <u>OR</u> 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):		

Does ownership hold any other consumer credit licenses in the state of Missouri? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are they licensed under the same business name as show on this application? (If not, provide other names.)

PRO-RATED FEE SCHEDULE: The annual registration fee for Section 408.500 registration is \$600.00. This fee shall be pro-rated per month from date business is to begin operations. The fee schedule is as follows:

January	--	\$600.00	April	--	\$450.00	July	--	\$300.00	October	--	\$150.00
February	--	\$550.00	May	--	\$400.00	August	--	\$250.00	November	--	\$100.00
March	--	\$500.00	June	--	\$350.00	September	--	\$200.00	December	--	\$ 50.00

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

(Signature)(Officer/Title, Partner)

Payment Options:

- Pay online by 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 via mail or email - ccapplications@dof.mo.gov

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