

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 - PREMIUM FINANCE COMPANY LICENSING APPLICATION PACKET (Licensing Year July 1 through June 30)

Instructions:

1. The enclosed application must be completed in its entirety.
 2. Application must be signed before a notary public.
 3. The licensing fee of \$600 made payable to the "Division of Finance" must be submitted with your completed application. Please see the payment options detailed on the last page of this packet.
 4. Future changes to information on the application must be reported to our office immediately.
 5. 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 Premium Finance Company License Year: July 1 – June 30	OFFICE USE ONLY -- PF - _____ Rec# _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Check No. _____</td> <td style="width: 50%; border: none;">Amount: \$ _____</td> </tr> <tr> <td style="width: 50%; border: none;">Date: _____</td> <td style="width: 50%; border: none;">Initials: _____</td> </tr> </table>	Check No. _____	Amount: \$ _____	Date: _____	Initials: _____
Check No. _____	Amount: \$ _____				
Date: _____	Initials: _____				
<u>Information for Licensed Location:</u> 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: _____ Email: _____
Contact Person to Receive Examination Reports	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: _____ Email: _____
Contact Person for Office and Consumer Inquiries/Complaints:	Name: _____
	Mailing Address: _____
	City/State/Zip: _____
	Telephone: _____ Email: _____
Information Regarding Preparer of Application:	Name: _____
	Telephone: _____ Email: _____
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):	

STATE OF _____)
COUNTY OF _____)

The undersigned, first being duly sworn, states that (s)he is a(n) (officer) (principal) (partner) in the company above named and that said company is financially capable of engaging in the business of insurance premium financing and that said company is authorized to transact business in this state.

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