

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 June 30.

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 complete this form and submit, including the licensing fee of **\$600.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

MISSOURI DIVISION OF FINANCE Renewal Application for Premium Finance Company Certificate of Registration	OFFICE USE ONLY	
	PF – ___ – ___	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:

OWNERSHIP: If applicant is: **Individual**, complete Section I. **Partnership**, complete Section II. **Corporation or LLC**, complete Sections II and III.

I. INDIVIDUAL	Name:		Phone Number:	
	Residence Address:			
	Business Address:			
II. PARTNERSHIP, ASSOCIATION OR CORPORATION	Name:		Phone Number:	
	Principal Business Address:			
Names, Titles of Partners/Officers	Business Address		Residence Address	
III. CORPORATION	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 _____, 2____.

 Notary Public
 My Commission expires: _____

**MISSOURI DIVISION OF FINANCE
CONSUMER LICENSE INFORMATION**

P.O. Box 716
Jefferson City, Missouri 65102-0716
Phone: 573-751-3242 – Fax: 573-751-9192

Information About The Company			
Company Name:			
Address Street:	City:	State:	Zip:
Phone:			
Name of contact person:			
Phone:			
Email:			

Please complete the following information for each type of license you held in 2023. *Information is requested *per Company* (total number of all licensed locations combined).

<u>LICENSE TYPE:</u>	<u># OF LOANS ORIGINATED</u>	<u>TOTAL \$ AMOUNT</u>
Small Loan (367)	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
Consumer Installment Loan (510)	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
Premium Finance (PF)	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

Signed by: Company Officer or Legal Representative