

# 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

## ***TITLE LOAN LICENSING APPLICATION PACKET (Licensing Year January 1 through December 31)***

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### Instructions:

1. Please read and complete the enclosed application form carefully. All portions of the application must be completed.
  2. Applicant must include: (a) proof of \$75,000 capital pursuant to Section 367.509 (attach Business Financial Statement or balance sheet showing net worth of business entity); (b) a general premises liability insurance policy pursuant to Section 367.530 in the amount of \$1,000,000 per occurrence covering all locations licensed and operated by the business entity (attach declaration sheet showing coverage amounts including effective/expiration dates of policy); and (c) a surety bond or letter of credit in the amount of \$20,000 per location pursuant to Section 367.509 (attach copy of the executed bond or letter of credit).
  3. The address of the location where repossessed personal property is held must be within fifteen (15) miles of the licensed location.
  4. A title lender must notify the director to request an examination at least ten (10) business days before ceasing business; see Section 367.524.4. All records must be retained at least two (2) years. Upon closing, you will need to surrender your original license with a written explanation of why the office was closed and also advising of the new location of receivables, if any.
  5. The application must be signed before a notary public and have all required information and documentation attached. The \$1,000 licensing fee must be received prior to license being issued. You will find payment options detailed on the last page of this packet.
  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 licensing fee of **\$1,000.00**, to the Division of Finance, 301 West High Street, Harry S. Truman State Office Building, 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.

<b>MISSOURI DIVISION OF FINANCE</b>  <b>Application for Title Loan License</b>  <b>Licensing Year: January 1 – December 30</b>	<b>Office Use Only</b>  <b>TL - _____ - _____</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Check No.</td> <td style="width: 50%;">Amount: \$</td> </tr> <tr> <td>Date:</td> <td>Initials:</td> </tr> </table>	Check No.	Amount: \$	Date:	Initials:
Check No.	Amount: \$				
Date:	Initials:				
(As it is to appear on license, include d/b/a if applicable.)					
<b>Company Name:</b>					
Street Address:					
City:	County:				
State:	Zip:				
Telephone: (    )	Fax: (    )				
E-Mail:					
Internet Address:					
Date Business was Formed:					
Address of Location where Repossessed Titled Personal Property will be Stored ( <u>must be within 15 miles of licensed location</u> ):	Name:				
	Street Address:				
	City/State/Zip:				
	Telephone: (    )				
	Fax: (    )				
	E-Mail:				
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:				

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

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

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

<p><b>Does ownership hold any other consumer credit licenses in the state of Missouri?</b>   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><b>If yes, are they licensed under the same business name as shown on this application? (If not, provide other names.)</b></p> <p>_____</p>
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Applicant (which term shall, if the applicant is not a natural person, include any person signing on behalf of applicant) **must initial** each of the following to affirm he/she has read and understands the provisions of Sections 367.500-367.533, RSMo (hereafter “the Act”) and agrees to abide by all provisions thereof including but not limited to:

- \_\_\_\_\_ (a) Being open for business a minimum of thirty (30) hours per week;
- \_\_\_\_\_ (b) Maintaining capital, as defined by Section 367.500, of at least seventy-five thousand dollars (\$75,000) — (Proof of such initial capital is attached);
- \_\_\_\_\_ (c) Posting a \$20,000 bond or letter of credit per location as required by Section 367.509.2;
- \_\_\_\_\_ (d) Maintaining titles and insurance in compliance with Section 367.530 — (Proof of insurance is attached - \$1,000,000 per occurrence);
- \_\_\_\_\_ (e) Making no loans to persons under the age of eighteen (18) years or to any person who is apparently intoxicated;
- \_\_\_\_\_ (f) Considering the ability of borrowers to repay in accordance with Section 367.525.4;
- \_\_\_\_\_ (g) Making no loan exceeding five thousand dollars (\$5,000);
- \_\_\_\_\_ (h) Repossessing any collateral only after complying with Sections 408.551-408.557 and 408.560 and 408.562, RSMo;
- \_\_\_\_\_ (i) Holding repossessed titled personal property within fifteen (15) miles of the title loan office;
- \_\_\_\_\_ (j) Disposing of repossessed titled personal property in accordance with Chapter 400, RSMo;
- \_\_\_\_\_ (k) Not purchasing titled personal property at the licensed location;
- \_\_\_\_\_ (l) Not using the terms “pawn” or “pawnbroker” in the business name or advertising;
- \_\_\_\_\_ (m) In accordance with Section 367.524, maintaining records and making them available for inspection, retaining all records for a period of no less than two (2) years from the date of the closing of the last transaction reflected therein, and notifying the director and requesting an examination at least ten (10) days before ceasing business;
- \_\_\_\_\_ (n) Providing all notices and disclosures in accordance with the Act;
- \_\_\_\_\_ (o) Not knowingly violating the Act nor any regulation issued thereunder.

**In addition, the undersigned authorizes the Division of Finance to conduct a credit check on the Applicant.**

**STATEMENT:** The undersigned, first being duly sworn states that (s)he is a(n) (officer) (principal) (partner) in the company above named and that facts contained in the foregoing application and in the attached proof of net worth and proof of insurance are true.

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(Signature)(Officer/Title, Partner)

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me a notary public on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Notary Public)

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

# BUSINESS FINANCIAL STATEMENT

BUSINESS NAME  
OF APPLICANT/LICENSEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

NAME OF PREPARER \_\_\_\_\_

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## BALANCE SHEET

AS OF

<b>ASSETS</b>		<b>LIABILITIES AND CAPITAL</b>	
<b>DESCRIPTION</b>	<b>AMOUNT</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
Cash		LIABILITIES	
Bank Accounts			
Investments			
Loans Receivable		TOTAL LIABILITIES	
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND CAPITAL</b>	

Payment Options:

- Pay online by credit card or eCheck
- Pay by check

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**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.

**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