**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

# CHAPTER 367 – SMALL LOAN COMPANY LICENSING APPLICATION PACKET (Licensing Year July 1 through June 30)

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.

***NEW LICENSED LOCATION***

**Instructions:** Please complete this form and submit, including licensing fee(s), 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. *Should you have any questions, please contact the Consumer Credit Licensing Section at 573-751-3463.*

# MISSOURI DIVISION OF FINANCE

**Application for Consumer Credit Loans**
**Small Loan Certificate of Registration**

**Licensing Year: July 1 – June 30**

| **OFFICE USE ONLY --** | |
|---|---|
| **367 - _____** | ***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 Renewal 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: |
| | Street Address: |
| | City/State/Zip: |
| | Telephone: ( ) E-Mail: |
| Information Regarding Preparer of Application: | Name: |
| | Telephone: ( ) E-Mail: |
| Mailing Instructions for this License Certificate: | ☐ Mail to Licensed Location ☐ Mail to Licensing Contact above<br>☐ 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 *OR* 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? ☐ YES ☐ NO**
**If yes, are they licensed under the same business name as shown on this application? (If not, provide other names.)**

_____

**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 with 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 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