

## 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 408.510 - CONSUMER INSTALLMENT LENDER LICENSING APPLICATION PACKET (Licensing Year July 1 through June 30)***

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Enclosures:           Section 408.510 License Application  
                              Applicable Statutes and Regulations

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#### Instructions:

1. The enclosed application must be completed in its entirety. Be sure to sign the application where indicated.
  2. Section 408.510 – Consumer Installment Lender registration fees are pro-rated based on the effective date of the license. You will find a pro-rated fee schedule on the back of your application. **Please allow for mail time when calculating your pro-rated fee.** Your fee must be submitted with your completed application.
  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. 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 (see reverse side 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.

<b>MISSOURI DIVISION OF FINANCE</b>  <b>Application for Consumer Installment Lender Certificate of Registration</b>  <b>Licensing Year: July 1 – June 30</b>	<b>OFFICE USE ONLY --</b>	
	<b>510 -</b> _____	<b>Rec#</b> _____
	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:** \_\_\_\_\_

<b>Hours of Operation:</b>	
<b>Licensing Contact for Renewal Applications:</b>	<b>Name:</b>
	<b>Mailing Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone:</b> ( ) _____ <b>E-Mail:</b> _____
<b>Contact Person to Receive Examination Reports:</b>	<b>Name:</b>
	<b>Mailing Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone:</b> ( ) _____ <b>E-Mail:</b> _____
<b>Contact Person for Office and Consumer Inquiries/Complaints:</b>	<b>Name:</b>
	<b>Street Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone:</b> ( ) _____ <b>E-Mail:</b> _____
<b>Information Regarding Preparer of Application:</b>	<b>Name:</b>
	<b>Telephone:</b> ( ) _____ <b>E-Mail:</b> _____
<b>Mailing Instructions for this License Certificate:</b>	<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

<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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**PRO-RATED FEE SCHEDULE:** The annual registration fee for Section 510 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:

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

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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