

Email Application to: dci.ins.deposit@insurance.mo.gov
Mail: Missouri Department Of Commerce And Insurance
PO Box 4001
Jefferson City, MO 65102

Questions: licensing@insurance.mo.gov

Filing of this application does not give authority to act as an organizational credit business entity agency. This authority does not exist until a license has been issued by the Department of Commerce and Insurance.

This application must be accompanied by a \$100.00 licensing fee, in addition to \$18.00 per listed employee under Part III A. The organizational credit business entity license is renewable annually on the anniversary date of issuance. Fee may be paid by check or money order, made payable to Department of Commerce and Insurance. FEES ARE NOT REFUNDABLE

REFUNDABLE.						
PART I						
ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME				FEIN		
LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME			COUNTY			
CITY			STATE ZIP			ZIP
MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX	TELEPHON	NE NUMBER	BUSINESS EMAIL ADDRESS			
CITY	STATE	ZIP	CONTACT NAME			
CHECK ONE	•			MITED LIABILITY		
☐ INDIVIDUALLY OWNED ☐ PARTNERSHIP	☐ CORPORATION			MITED LIABILITY DRPORATION		OTHER
PART II						
A. IF ORGANIZATIONAL CREDIT BUS	INFSS	FNTITY AD	DI ICAN	T IS A DOMES	STIC	CORPORATION
(INCORPORATED IN MISSOURI) OR L					<i>-</i> 110	JOHN CHAIRM
(INCORPORATED IN MISSOURI) OR L	.IIVII I CL	J LIADILII I C	UNPUN	AIION.		

- Enclose a copy of the Certificate of Good Standing, Certificate of Incorporation or Certificate of Organization:
  - a. dated within the past year
  - b. issued by the Missouri Secretary of State
- 2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
- 3. Enclose registration of DBA name from Missouri Secretary of State, if applicable.

## B. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICANT IS A FOREIGN CORPORATION (INCORPORATED IN A STATE OTHER THAN MISSOURI) OR LIMITED LIABILITY CORPORATION:

- 1. Enclose a copy of the Certificate of Good Standing, Certificate of Incorporation or Certificate of Organization:
  - a. dated within the past year
  - b. issued by the state granting the corporation authority to conduct business as a corporation
  - c. issued by the Missouri Secretary of State if the corporation has an office in Missouri.
- 2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
- 3. Enclose registration of DBA name from Missouri Secretary of State, if applicable.

## C. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY IS A PARTNERSHIP OR OTHER:

- 1. Enclose a copy of the Registration of Fictitious Name:
  - a. issued by the Missouri Secretary of State
    - (The Registration of Fictitious Name is not required when the organizational credit business entity name is the true name (First name, middle initial and surname of an individual.)
- 2. List below the name, social security number, title and address of each person or corporation having an interest in or owning any part of the organizational credit business entity. (Attach an additional sheet if needed.)

THIS SECTION (BELOW) MUST BE COMPLETED IN RESPONSE TO PART II A.2, B.2, AND C.2

SOC. SEC. # NAME	NAME	TITLE	ADDRESS						
	IIILE	STREET	CITY	STATE	ZIP CODE				

PART III					
A. List all persons employed by the organizational or commission for the solicitation or negotiation credit leave of absence, credit property or any sheet if needed.	of any contracts of credit life, cred	dit accider	nt and health, o	credit involuntary u	nemployment,
Within ten working days after the change of any business entity, the organizational credit business and there is no charge for this notification.					
LEGAL NAME OF EMPLOYEE	LEGAL ADDRESS	DAT	E OF BIRTH	SOCIAL SECUR	ITY NI IMBER
(LAST, FIRST, MI)	LEGAL ADDITIEGO		M/D/Y	SOOIAL SECOT	TTT NOMBER
B. LIST THE ADDRESSES OF BRANCH	H OFFICES OF THE ORGA	ANIZATI	ONAL CRE	DIT BUSINES	S ENTITY
-					
PART IV					
The undersigned owner, partner, officer or director information submitted in this application and attack aware that submitting false information or omitting revocation and may subject me and the organizati	nments is true and complete and pertinent or material information	that the unit in connec	ndersigned ow ction with this a	ner, partner, office	er or director is
SIGNATURE			TITLE (TYPE OR PF	RINT)	DATE
SIGNATURE					