



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICATION

P.O. BOX 690 OR
 P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
 JEFFERSON CITY, MO 65102
 TELEPHONE: (573) 751-3518

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 Insurance. FEES ARE NOT REFUNDABLE.

PART I

ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME		FEIN	
LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME		COUNTY	
CITY		STATE	ZIP
MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX		TELEPHONE NUMBER	
CITY		STATE	ZIP
CHECK ONE			
<input type="checkbox"/> INDIVIDUALLY OWNED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> OTHER			

PART II

A. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICANT IS A DOMESTIC CORPORATION (INCORPORATED IN 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 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 D/B/A 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 D/B/A 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	TITLE	ADDRESS			
			STREET	CITY	STATE	ZIP CODE

