



City of St. Louis Department of Public Safety  
Building Division

License Application for Short-Term Loan Establishments

**A. Applicant Information**

Name:

Residence Address

City

State

ZipCode

Residence Phone Number

Cell Phone Number

Date of Birth

City and State of Birth

**B. Business and Organizational Information**

Name of Business:

Business Address

City

State

ZipCode

Business Telephone Number

Business E-Mail Address

Business URL (Website) if applicable

Type of Business Organization: *(select one)*

Sole Proprietorship

Partnership LLC/LLP

Corporation - Private

Corporation - Public

### C. Partners / Members / Corporate Officers Information

Please list all partners, members and those corporate officers with more than 10% ownership. Please attach a separate sheet if necessary.

(1) Name:

Residence Address				City	State	Zip Code
Residence Phone Number				Cell Phone Number		
Date of Birth	City and State of Birth					

(2) Name:

Residence Address				City	State	Zip Code
Residence Phone Number				Cell Phone Number		
Date of Birth	City and State of Birth					

(3) Name:

Residence Address				City	State	Zip Code
Residence Phone Number				Cell Phone Number		
Date of Birth	City and State of Birth					

(4) Name:

Residence Address				City	State	Zip Code
Residence Phone Number				Cell Phone Number		
Date of Birth	City and State of Birth					

**D. Applicant Questions** (if you answer yes to any of the following use the space below to explain)

<i>Questions:</i>	YES	NO
Have you ever been convicted of violating the Short-Term Lenders Code?		
Have you ever been convicted of a felony?		
Have you ever been convicted of a felony, misdemeanor, infraction or ordinance violation involving moral turpitude?		
Have you ever been convicted of a breach of a fiduciary obligation?		
Have you ever been convicted of crimes of physical violence or against property?		
Have you ever had a Short-Term Loan Establishment permit revoked or suspended?		

***Explain any 'Yes' answers in the space below:***

Large empty space for explaining 'Yes' answers.

**F. State of Missouri**

<b>Questions:</b>	<b>YES</b>	<b>NO</b>
Is your partnership or corporation registered with the Missouri Secretary of State?		
<i>If you answered yes, please provide a 'Certificate of Good Standing' issued by the Missouri Secretary of State's Office no more than 30 days prior to the date of this application.</i>		
Is your organization a foreign corporation or partnership?*		
<i>If you answered yes, please provide a certificate of authority to do business issued by the Missouri Secretary of State no more than 30 days prior to the date of this application.</i>		
<i>*If your home state is not Missouri, then you are considered a foreign entity and must register with Missouri in the same way that you are registered in your home state. You can find the appropriate filing forms at <a href="http://www.sos.mo.gov/business/corporations/forms">http://www.sos.mo.gov/business/corporations/forms</a></i>		

By signing below you attest to the veracity of the statements made in this application for a Short-Term Lending License. Any false statements will result in the immediate revocation of an issued license or application and the forfeiture of all license fees paid.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County and/or City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_, known to me to be the person who executed this document, and acknowledged to me that he/she executed the same for the purposes therein stated.

Seal

\_\_\_\_\_  
Notary Public