

Short-term loan establishment application

Neighborhood Services Department Regulated Industries Division

635 Woodland, Suite 2101 Kansas City, Missouri 64106 (816) 513-4561

Please check one of the following

I am: [] applying for a new short term	n loan establishment lic	eense			
[] purchasing an existing short-	term loan establishmen	t licensed business			
	Please type or print th	ne following information			
Applicant's name					
Applicant's addressStree	ort .	City	State	ZIP	
DBA business name					
Business address					
Stree	et	City		ZIP	
Applying as a [] sole owner	_				
		regularly be found in the city d	_	business hours	
Designated agent's name					
Designated agent's street address					
City					
Mobile phone		_			
Designated agent's e-mail address					
Proposed days and hours of operation t	•	•			
[] Monday					
[] Wednesday					
[] Friday		[] Saturday			
[] Sunday		-			
If t	he business is a corpor	ration, complete this section			
1. Name of corporation					
•		Date of incorporation			
2. List the names and titles of all corp	porate officers (attach a	additional sheet if necessary)			
3. List the names with the number of	Scharas and parcantaga	s hald by agah stockholder who h	olde 1	O parcent or more of the	
capital stock (attach additional she		s held by each stockholder who h	iolus I	y percent of more of the	
If the busi	ness is a limited liabil i	ity company, complete this section	on		
4. Name of limited liability company					
State of organization	State of organization Date of organization				

5. List the names of all me	embers and percentages of e	each LLC member's interest (attach addi	tional sheet if necessary)				
If the business is a partnership , complete this section 6. List names of partners and the number of units owned by each (attach additional sheet if necessary)							
List the requested informa	tion of all people who may	be assigned to any part of the management	ent and/or control of the				
business Name	Address	Home and mobile phones	Date and place of birth				
Have you or any person list Establishments, of the Coo	sted on this application been de of Ordinances of the City No	convicted of violating any provisions of	f chapter 43, Short Term Loan				
Have you or any person lis	sted on this application been , a breach of fiduciary obliga	a convicted of a felony, misdemeanor, in ation, crimes of physical violence or pro					
* * *		had a short-term loan establishment per	mit revoked or suspended?				
If you answered yes to any	y of the above, list all details	s/convictions below (attach additional sh	neet if necessary)				
I understand that as a stipucity on any account, for an		rmit that I must be current in all taxes, fe	ees and other amounts due to the				
of the Code of Ordinance nuisances and property materm loan establishments	es of the City of Kansas Cit aintenance ordinances of the . I further understand that	aply with all provisions of chapter 43, Singly, Missouri, as well as the building collective and with all regulations issued by a failure to comply with the ordinance the permittee by the city may be a base	des, zoning, fire, health, safety, the director pertaining to short es or regulations after written				
I agree to promptly report	any changes within this app	lication to the Regulated Industries Divi	sion Manager.				
search and will permit the		vestigator who may have legal authority rticles that may be in violation of the Conssouri.					
	_	and 50 of the Code of Ordinances of the of the state or laws of the United States	•				
I, that I have read the approximents contained there		, being of lawful age and du nd same and that I know the content	ly sworn upon my oath, declare s thereof and the answers and				
Applie	cant's signature		Date				

Office use only – Do not write in space below

	Investigator							
Date case completed		Date of location check _						
Application recommended for:	[] Approval	[] Disapproval	Date:					
Reason(s) for recommendation of	f disapproval of	application / license (if any)						
Continuous and other terms								
		/						
		/						
License recommended for: [] Approval	[] Disapproval	Date:					
Regulated Industries Div	ision investigate	or						
	INV	ESTIGATIONS SUPERV	ISOR					
Application recommended for:	[] Approval	[] Disapproval	Date:					
License recommended for:	[] Approval	[] Disapproval	Date:					
Comments:								
Regulated Industries Division	C	supervisor -ASSISTANT MANAGER						
Application recommended for:								
License recommended for:	[] Approval	[] Disapproval	Date:					
Comments:								
Regulated Industries Divis	ion assistant mai	nager						
Regulated Industries Divis		MANAGER						
This application & license is here								
Comments:								
Regulated Industries Di	vision Manager	Date						