



# 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-loan permit  purchasing an existing permitted short-term loan establishment

Please type or print the following information

Applicant's name \_\_\_\_\_

Applicant's address \_\_\_\_\_  
Street City State ZIP

DBA business name \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State ZIP

Applying as a  sole owner  corporation  limited liability company  partnership

\* The designated agent must be someone who can regularly be found in the city during business hours

Designated agent's name \_\_\_\_\_

Designated agent's street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile phone \_\_\_\_\_ Business phone \_\_\_\_\_

Designated agent's e-mail address \_\_\_\_\_

Proposed days and hours of operation the business will be open to the public

---- If the business is a **corporation**, complete this section ----

1. Name of corporation \_\_\_\_\_

State of incorporation \_\_\_\_\_ Date of incorporation \_\_\_\_\_

2. List the names and titles of all corporate officers (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

---- If the business is a **limited liability company**, complete this section ----

4. Name of limited liability company \_\_\_\_\_

State of organization \_\_\_\_\_ Date of organization \_\_\_\_\_

5. List the names of all members and percentages of each LLC member's interest (attach additional 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 information of all people who may be assigned to any part of the management and/or control of the business

Name

Address

Home and mobile phones

Date and place of birth

Have you or any person listed on this application been convicted of violating any provisions of chapter 43, Short Term Loan Establishments, of the Code of Ordinances of the City of Kansas City, Missouri?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any person listed on this application been convicted of a felony, misdemeanor, infraction or ordinance violation involving moral turpitude, a breach of fiduciary obligation, crimes of physical violence or property crimes?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any person listed on this application ever had a short-term loan establishment permit revoked or suspended?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above, list all details/convictions below (attach additional sheet if necessary)

I understand that as a stipulation of me receiving a permit that I must be current in all taxes, fees and other amounts due to the city on any account, for any purpose.

I understand that it is the duty of the permittee to comply with all provisions of chapter 43, Short Term Loan Establishments, of the Code of Ordinances of the City of Kansas City, Missouri, as well as the building codes, zoning, fire, health, safety, nuisances and property maintenance ordinances of the city and with all regulations issued by the director pertaining to short term loan establishments. I further understand that failure to comply with the ordinances or regulations after written notification of noncompliance has been delivered to the permittee by the city may be a basis for suspension, revocation or nonrenewal of the permit.

I agree to promptly report any changes within this application to the Regulated Industries Division Manager.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search and will permit the removal of all things and articles that may be in violation of the Code of Ordinances of the City of Kansas City, Missouri, and the laws of the State of Missouri.

I agree to comply with the provisions of Chapters 10 and 50 of the Code of Ordinances of the City of Kansas City, Missouri, and I will not violate any ordinances of the city, laws of the state or laws of the United States in the conduct of the business.

I, \_\_\_\_\_, being of lawful age and duly sworn upon my oath, declare that I have read and fully understand the application, know the contents thereof, and the answers and statements contained therein are true.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Seal

State of Missouri

County of \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary public

-----Investigator-----

Date case completed \_\_\_\_\_ Date of location check \_\_\_\_\_

**Application** recommended for:     Approval         Disapproval                      Date: \_\_\_\_\_

Reason(s) for recommendation of disapproval of application / license (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contingency and other items needed prior to issuance of license \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**License** recommended for:     Approval         Disapproval                      Date: \_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division investigator

-----INVESTIGATIONS SUPERVISOR-----

**Application** recommended for:     Approval         Disapproval                      Date: \_\_\_\_\_

**License** recommended for:         Approval         Disapproval                      Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER-----

**Application** recommended for:     Approval         Disapproval                      Date: \_\_\_\_\_

**License** recommended for:         Approval         Disapproval                      Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division assistant manager

-----MANAGER-----

This application & license is hereby         Approved                       Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Manager                      Date