



**SMALL LOAN COMPANY APPLICATION FOR  
RELOCATION OF AN EXISTING OFFICE**

Pursuant to Section 75-67-229, Mississippi Code of 1972, Annotated, "If any licensee shall desire to change his place of business within the same municipality during the period for which the license is valid, he shall make written application therefor to the commissioner who shall issue a new license for the unexpired portion of the year showing the new location of the business. However, nothing herein shall authorize or permit a change in the place of business of a licensee to a location outside of the original municipality." Please complete this application along with the items listed below.

**FOR RELOCATION OF A CURRENTLY LICENSED OFFICE:**

1. This application must include a \$25.00 check (may be a company check) for an address change.
2. The **original** license **must** accompany this application
3. A rider from the Surety Bond provider stating the acknowledgement of the address change.
4. The application must be notarized

**Current address of office being relocated:**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**New address of above named office:**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The said office will be relocated on or about \_\_\_\_\_, 20\_\_\_\_\_.

**CERTIFICATION**

The undersigned certifies that the facts contained in this application are true and that he/she has been duly authorized to file this application.

\_\_\_\_\_  
Print Name          Date

\_\_\_\_\_  
Signature          Title          Telephone Number

State \_\_\_\_\_

County \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named \_\_\_\_\_, who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**(Notary Seal)**

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

My Commission expires: \_\_\_\_\_

**Please forward this notarized application and the above information to:**

**Department of Banking & Consumer Finance**

**Attn: Consumer Finance Division**

**P.O. Box 12129**

**Jackson, MS 39236**