

Submission for Paper Applications

Step 1

Navigate to ePAY site: https://magic.collectorsolutions.com/magic-ui/en-US/Login/il-IDFPR

Step 2

Choose "Make a one-time payment"



Step 3

- "Licensing Payment" should be selected as your Payment Category.
- Choose the appropriate Payment Type

	📜 Add Payment It	tems
Payment Category	Licensing Payment	~
Payment Type	Please select a Payment Type	e ~
	Please select a Payment Typ	be la
	Business Application (Existin	ng)
	Business Application (New)	
	Individual License Applicatio	on (Existing)
	Individual License Applicatio	on (New)
		Next Step: Payment Information 💿

Payment Types

Business Application (Existing) •

> Currently have a license number in Illinois for this profession type. License number is required.

• **Business Application (New)**

This will be a new license for this Business and Profession Type. Currently there would be no license number for this Business and Profession Type.

- <u>Individual License Application (Existing)</u> Currently have a license number in Illinois for this profession type. License number is required.
- <u>Individual License Application (New)</u> This is a new license for the Individual and Profession Type. Currently there is no license number for this Individual and Profession Type.

<u>Step 4</u>

Complete all required fields for your Payment Type. Tips for completing this step:

Business and Individual (Existing)

<u>Application Type</u>

Application Type must match the paper application being submitted.

Matches License

Ensure the information provided is exactly as it appears on your license. (Business Name/Last Name/First Name/License Number)

• <u>Fee</u>

Fee information may be found on your paper application, which is available via your respective profession page on <u>Illinois Department of Financial & Professional Regulation</u>.

Incorrect payments or providing information that does not match your paper application, may cause application processing delays.

	🐂 Add Payment Items		🐂 Add Payment Items
Payment Category	Licensing Payment ~	Payment Category	Licensing Payment ~
Payment Type	Business Application (Existing)	Payment Type	Individual License Application (Existing)
Please enter the follow	ving information to identify the payment:	Please enter the follow	ving information to identify the payment:
Application Type*	<please select=""></please>	Application Type*	<please select=""></please>
Business Name*	Exactly as it appears on License	Last Name*	Exactly as it appears on License
Profession Name*	<please select=""></please>	First Name*	Exactly as it appears on License
		Profession Name*	<please select=""> ~</please>
License Number*	9 digit license number (no periods, dashes or spaces)	License Number*	9 digit license number (no periods, dashes or spaces)
Email*			
Comments	If further details are required for this payment. (200 char max)	Email*	
Paumant		Comment	If further details are required for this payment. (200 char max)
Payment Amount	s 0 00	Payment	
Payment Puriodite		Payment Amount	s 0 . 00
	Add Item Add Item and Checkout		Add Item Add Item and Checkout
	Next Step: Payment Information O		Next Step: Payment Information O

• Licensure Method

- Please refer to the application packet available for your profession. This can be found on <u>State of Illinois | Department of Financial & Professional Regulation</u> website.
- Matches Paper Application

Ensure the information provided is exactly as it appears on the paper application.

• <u>Fee</u>

Fee information may be found on your paper application, which is available via your respective profession page on <u>Illinois Department of Financial & Professional Regulation</u>.

Incorrect payments or providing information that does not match your paper application, may cause application processing delays.

	🐂 Add Payment Items		🏋 Add Payment Items
Payment Category	Licensing Payment V	Payment Category	Licensing Payment
Payment Type	Business Application (New) ~	Payment Type	Individual License Application (New)
lease enter the follow	wing information to identify the payment:	Please enter the follow	wing information to identify the payment:
Licensure Method Refer to application)*	Accept Exam	Licensure Method (Refer to application)*	<please select=""></please>
Business Name*	Exactly as written on application	Last Name*	Exactly as written on application
rofession Name*	<please select=""></please>	First Name*	Exactly as written on application
EIN*	Exactly as written on application	Middle Initial	Exactly as written on application
ddress 1*	Exactly as written on application	Profession Name*	<please select=""></please>
ddress 2	Exactly as written on application	SSN (Last 4)*	
ity/Town*	Exactly as written on application	Address 1*	Exactly as written on application
tate/Province/	Exactly as written on application	Address 2	Exactly as written on application
legion*		City/Town*	Exactly as written on application
ip/Postal Code	Exactly as written on application	State/Province/	Exactly as written on application
ountry (If not	Exactly as written on application	Region*	
Inited States)		Zip/Postal Code	Exactly as written on application
hone	1000-1001 (1001)	Country (If not	Exactly as written on application
mail*	Exactly as written on application	United States)	
Comments	If further details are required for this payment. (200 char max)	Date of Birth*	iii mm/dd/yyyy
ayment		Phone	(300) 3000-3000 (300)
ayment Amount	\$ 0 . 00	Email*	
		Comments	If further details are required for this payment. (200 char max)
	Add Item Add Item and Checkout	Payment	
		Payment Amount	s 0 . 00
	Next Step: Payment Information O		

<u>Step 5</u>

After the above information is complete and verified you can select "Add Item and Checkout"



<u>Step 6</u>

Complete the Billing Contact Information and click "Next Step: Add Payment Method"

Name	
Address	
Street Address Continued	
City	
Country	~
State	~
Zip Code	
Email	
Mobile Phone	

<u>Step 7</u>

Complete the Payment and click "Next Step: Review Payment"

		🃜 Payment Informatio	n	
Amount Due	\$	50.00		
Payment	\$	50		00
Please select your Pay	/mei	nt Method		
Credit Card	VIS			
Name on Card				
Card Number				
Expiration Month	0	5		~
Expiration Year	2	024		~
Security Code				0
Card Zip Code				
0 eCheck		2		
Heack to Payment In	form	ation	Ne	ext Step: Review Payment 🕥

<u>Step 8</u>

Review your payment information and select "Make Payment"



<u>Step 9</u>

Payment receipt will appear on your screen (email will also be sent).

Please note this is a receipt acknowledging the payment portion of your application only. You must still submit your application (include the approved number from receipt if payment has already been made) to the Department for processing. Your application will not be processed until it is received.

Please note this is a receipt acknowledging the payment portion of w	our application only
You must still submit your application (including the approved number from below) to	the Department for processing
	the Department for processing.
Your application will not be processed until it is received	1.
	<u></u>
Thank You for Your Payment	
Approved	
5/3/2024 11:48 AM Central Standard Time	
Customer Name	
Effective Date	
5/3/2024	
Approved 20002874	
	12 C
tem	Amoun
Business Application (Existing)	\$50.0
Subtotal:	\$50.00
Transaction Fee:	\$1.1
Total Charged to: /isa ***** 1111	\$51.1
Total Amount Paid:	\$51.1

<u>Step 10</u>

Paper Application

- Enter the Approved # from your receipt (highlighted above) on your paper application.
- Select if you have made an online payment or if you will be mailing in a check/money order with your application.

Online – Paid online at: <u>https://idfpr.illinois.gov/epay.html</u> in the amount of Ap	proved #
Check/Money Order. Check#	