

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**SELLERS OF TRAVEL  
REGISTRATION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.002, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

Remit Non-Refundable Application  
Fee Online at:

[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.  
PLEASE TYPE OR PRINT. Attach additional pages as necessary using the same format. ALL FEES ARE NON-REFUNDABLE.

**Please select one:**

- New Application       Renewal Application

**Business Information**

**1. Name of Business** (Legal name as registered with the Florida Department of State, Division of Corporations):

**\*\* Fictitious (DBA) Name:**

*\*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

**2. Business Street Address** (Include APT or SUITE # in all address lines. May not be a mail drop or virtual address.):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

**Website:**

**4. Name of Contact Person:**

**Title of Contact Person:**

Mailing Address (if different from above):

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Org Code: 42 10 06 25 000	
EO: A2	
Object Code: 001109	\$300.00
Object Code: 001110	\$300.00
Object Code: 001114	\$100.00

**5. Federal Employer ID #:**

\_\_\_\_\_ - \_\_\_\_\_

**6. Vacation Certificate Seller:**

- Yes       No

**Ownership**

**7. Please Check One:**

Corporation: \_\_\_\_\_  
*Corporation Name as Registered with the Florida Department of State, Division of Corporations*

Sole Proprietor: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

Partnership: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

Other: \_\_\_\_\_  
*Please Describe*

**State of Incorporation:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Document Number:** \_\_\_\_\_

If a foreign corporation, date filed with the Florida Division of Corporations: \_\_\_\_\_

**Corporation's Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Corporation's Mailing Address** (if different from above): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Information about Owners, Partners, or Officers**

**8. Enter the name and address of each individual owner, all partners, corporate officers, and directors.** [s. 559.928(8), F.S.]

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Percent of Ownership:** \_\_\_\_\_ %

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Percent of Ownership:** \_\_\_\_\_ %

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Percent of Ownership:</b> _____ %

**9. Enter the name and address of the registered agent:**

<b>Name:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	

**10. Check Yes or No for each response. If Yes, provide on a separate sheet the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information. Have any persons listed in question #8, (any officers, directors, owners, or general partners):**

- Yes**     **No**    Been convicted of a crime involving fraud, theft, embezzlement, dishonest dealing, or any other act of moral turpitude or any other act arising out of conduct as a seller of travel?
- Yes**     **No**    Failed to satisfy a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, theft, embezzlement, dishonest dealing, or any violation of the Florida Sellers of Travel Act?
- Yes**     **No**    Had a judgment entered against her or him in any action brought by the department or the Department of Legal Affairs pursuant to ss. 501.201-501.213 or the Florida Sellers of Travel Act?

**11. Additional locations owned by applicant (if more than one, provide all of the following on a separate sheet):**

**Name of Business** *(Additional Location):*

<b>Business Street Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	
<b>Name of Manager:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____

12. Will you be authorizing independent agents?  Yes  No

If **Yes**, please provide a list of all agents, including the agent's trade name, full name, mailing address, business address, and telephone numbers. Each authorized agent is required annually to file an application with the department prior to engaging in business in this state (ss. 559.928(1) and (3), F.S.). If there are more than twenty-five (25), provide the information on an Excel spreadsheet.

13. Are you an Airlines Reporting Corporation (ARC) member?:  Yes  No

ARC Owner Since: \_\_\_\_\_ Member #: \_\_\_\_\_ Date Appointed: \_\_\_\_\_  
 VTC

Please provide a copy of your ARC appointment letter.

\_\_\_\_\_  
*Signature of Owner or Authorized Officer*

\_\_\_\_\_  
*Date*

### Type of Security Provided

14. Please Check One:

- Surety Bond:  original enclosed  on file with the department  
 Request for waiver of security, pursuant to s. 559.929, F.S.

### Verification and Execution

Pursuant to the Florida Sellers of Travel Act, ss. 559.926 – 559.939, Florida Statutes (the Act), I verify:

- I. No director, officer, owner, or general partner has ever:
- a. Been convicted of a crime involving fraud, theft, embezzlement, dishonest dealing, or any other act of moral turpitude or any other act arising out of conduct as a seller of travel;
  - b. Not satisfied a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, theft, embezzlement, dishonest dealing, or any violation of the Act;
  - c. Had a judgment entered against her or him in any action brought by the department or the Department of Legal Affairs pursuant to ss. 501.201-501.213 or the Act; and
- II. That I am authorized to execute this application on behalf of this business. I further affirm that the representations made in the attached application are true to the best of my knowledge.

Name of Business:

\_\_\_\_\_  
*Signature \**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*