



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**COMMERCIAL TELEPHONE SELLER  
BUSINESS LICENSE APPLICATION**

Florida Telemarketing Act  
Sections 501.601 – 501.626, Florida Statutes  
Rule 5J-6.005, Florida Administrative Code

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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. Please ensure that all attachments reflect organization's name or license number and the number of the corresponding question. **All fees are non-refundable.**

**Business Information**

Please Select one:  New Filing  Renewal TC \_\_\_\_\_ DTN \_\_\_\_\_  
*(as issued by the department and listed on the preprinted renewal application)*

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

**Fictitious (DBA) Name:**

*All fictitious names must be registered with the Florida Department of State, Division of Corporations.*

**2. Primary Business Physical Street Address** *(include APT or SUITE # in all address lines. Address cannot be a mail drop or virtual address):*

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

**Mailing Address** *(if different from Primary Business Physical Street Address):*

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

**3. Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

*\*Future correspondence may be electronic, so please make sure that the provided email is accurate and valid.*

**4. Form of organization:**  
 Corporation  LLC  Partnership  Sole Proprietorship  
 Other *(please describe):* \_\_\_\_\_

*If the applicant is a corporation, provide a copy of its articles of incorporation and bylaws.  
If the applicant is a partnership, provide a copy of any written partnership agreement.*

**Date incorporated or legally established:** \_\_\_\_\_ **State:** \_\_\_\_\_  
Month / Day / Year

**5. Federal Employer ID Number** *[s. 119.092, F.S.]:*

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 002050 \$1,500.00

6. List all parent or affiliated entities that will engage in a business transaction with the purchaser relating to any sale solicited by the applicant; or accepts responsibility or is otherwise held out by the applicant as being responsible for any statement or act of the applicant relating to the sale solicited by the applicant: [s. 501.605(2)(i), F.S.]  N/A

Parent <input type="checkbox"/> Legal Name: Affiliate <input type="checkbox"/> _____	
Fictitious (DBA) Name(s)**: _____	Physical Address: _____
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: ( _____ ) _____ - _____	Email _____ (optional)
Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (please describe): _____	
If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: State: _____ _____ / _____ / _____ <small>Month                      Day                      Year</small>	

Parent <input type="checkbox"/> Legal Name: Affiliate <input type="checkbox"/> _____	
Fictitious (DBA) Name(s)**: _____	Physical Address: _____
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: ( _____ ) _____ - _____	Email _____ (optional)
Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (please describe): _____	
If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: State: _____ _____ / _____ / _____ <small>Month                      Day                      Year</small>	

*\*\*All fictitious names must be registered with the Florida Department of State, Division of Corporations. If applicant is not an individual then 'Name' is the legal name of the applicant as listed with the Division of Corporations. You must list all names under which you intend to do business.*

**CRIMINAL AND LITIGATION HISTORY** [s. 501.605(2)(d-h), F.S.]

7. Please select either **YES** or **NO** to the questions below. If you answered **YES** to any of the following, please explain your answer below. (attach additional sheets as necessary using the same format)
- a. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld.  Yes  No
  - b. Has the applicant previously been convicted of, under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld.  Yes  No
  - c. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction?  Yes  No

- d. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, and assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice?  Yes  No
- e. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant?  Yes  No

**Legal name at the time of the action:** \_\_\_\_\_ **Court/administrative agency rendering the conviction, judgment, or order:** \_\_\_\_\_

**Governmental agency which brought the action:** \_\_\_\_\_ **Nature of conviction, judgment, order or action:** \_\_\_\_\_

**Date of Action:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Docket Number:** \_\_\_\_\_ **Was adjudication withheld?**  
 Yes  No

**BUSINESS HISTORY**

**8.** List each business or occupation engaged in by the applicant during the 3 years immediately preceding the date of the application and the location thereof. (attach additional sheets as necessary using the same format) [s. 501.605(2)(b), F.S.]

**a.** **From:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **To: Present**

**Title (Occupation):** \_\_\_\_\_

**b.** **From:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **To:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers): \_\_\_\_\_

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

**Title (Occupation):** \_\_\_\_\_

**c.** **From:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **To:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers): \_\_\_\_\_

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

**Title (Occupation):** \_\_\_\_\_

**9. Does the applicant have previous experience as a commercial telephone seller or salesperson?**  
[s. 501.605(2)(c), F.S.]

**Yes**  **No** If yes, provide previous experience (in months) as a commercial telephone seller or salesperson: \_\_\_\_\_

**10.** List the following information for each principal officer, director, trustee, shareholder, owner, or partner of the applicant, and of each other person responsible for the management of the business of the applicant; list all affiliates; list each office manager or other person principally responsible for a location from which the applicant will do business. (attach additional sheets as necessary using the same format)

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

**Previous or A.K.A. Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Driver's License Number or Government Issued ID:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Current Physical Home Address** (if applicable please include suite, apartment and/or unit numbers):  
\_\_\_\_\_

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

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

**Does this person have previous experience as a commercial telephone seller or salesperson** [s. 501.605(2)(c), F.S.]:  
 Yes  No

**If Yes, Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers):  
\_\_\_\_\_

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

Please select either **YES** or **NO** to the questions below. If you answered **YES** to any of the following, please explain your answer in the fields below. (attach additional sheets as necessary using the same format) [ss. 501.605 and 501.606, F.S.]

- a. Has this person ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction?  **Yes**  **No**
- b. Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld.  **Yes**  **No**
- c. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice?  **Yes**  **No**
- d. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade?  **Yes**  **No**

e. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or  Yes  No been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position?

<b>Legal (True) Name:</b>	<b>Court/administrative agency rendering the conviction, judgment, or order:</b>	
<b>Governmental agency which brought the action:</b>	<b>Nature of conviction, judgment, order or action:</b>	
<b>Date of Action:</b>	<b>Docket Number:</b>	<b>Was adjudication withheld?</b>
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

**11.** List all salespersons or other persons employed by the applicant. All salespersons must be separately licensed (see form FDACS-10005, Commercial Telephone Salesperson Individual License Application, Rev. 03/17). Use a separate sheet for each person.

**Check the box to indicate that you have no salesperson(s) at the current time.**

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. (attach additional sheets as necessary using the same format) [s. 501.606, F.S.]

<b>Legal Name:</b>		<b>Previous or A.K.A. Name(s):</b>	
<b>Current Home Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Date of Birth:</b>
/ /		- / /	
a. Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? <input type="checkbox"/> Yes <input type="checkbox"/> No			
d. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Legal (True) Name:</b>		<b>Court/administrative agency rendering the conviction, judgment, or order:</b>	
<b>Governmental agency which brought the action:</b>		<b>Nature of conviction, judgment, order or action:</b>	
<b>Date of Action:</b>	<b>Docket Number:</b>	<b>Was adjudication withheld?</b>	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**12. List all locations from which the applicant will be doing business and include a list of all phone numbers associated with each address.** (attach additional sheets as necessary using the same format) [s. 501.605(2)(j-k), F.S.]

**a. Legal Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):  
 \_\_\_\_\_

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

**Main Telephone Number:** \_\_\_\_\_ **Name of Location Manager:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Location Phone Numbers:** (if more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com))

( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____

**b. Legal Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):  
 \_\_\_\_\_

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

**Main Telephone Number:** \_\_\_\_\_ **Name of Location Manager:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Location Phone Numbers:** (if more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com))

( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____

**c. Legal Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):  
 \_\_\_\_\_

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

**Main Telephone Number:** \_\_\_\_\_ **Name of Location Manager:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Location Phone Numbers:** (if more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com))

( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____

**d. Legal Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):  
 \_\_\_\_\_

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

**Main Telephone Number:** \_\_\_\_\_ **Name of Location Manager:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Location Phone Numbers:** (if more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com))

( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____

**e. Legal Name of Business:** \_\_\_\_\_

**Physical Street Address** (if applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):  
 \_\_\_\_\_

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

**Main Telephone Number:** \_\_\_\_\_ **Name of Location Manager:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Location Phone Numbers:** (if more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com))

( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____
( _____ ) _____ - _____	( _____ ) _____ - _____	( _____ ) _____ - _____

**Questions numbered 13 – 17, check only “a,” “b,” or “c” (if applicable) and complete those selected requirements.**

- 13.**  **a.** Attached and marked Exhibit 2 are copies of all sales scripts given to those soliciting for the applicant. [s. 501.605(2)(l)3, F.S.]
- b.** The applicant does not use sales scripts.
- 14.**  **a.** Attached and marked Exhibit 3 are copies of all sales information or literature the applicant provides to salespeople or of which the applicant informs to applicant’s salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [s. 501.605(2)(l)3, F.S.]
- b.** The applicant does not provide salespersons with or inform salespersons of any sales information or literature described in 14(a).
- 15.**  **a.** Attached and marked Exhibit 4 are copies of all written material the applicant sends to any prospective or actual purchaser. [s. 501.605(2)(l)3, F.S.]
- b.** The applicant does not send any written material to any prospective or actual purchaser.

- 16.**  **a.** The applicant informs prospective or actual purchasers that the purchaser is eligible to receive certain items which may be referred to as gifts, premium, bonuses, prizes, or otherwise, and **EACH** of the following apply: [s. 501.614, F.S.]
- The item(s) is/are offered unconditionally;
  - The buyer has seven (7) days to return the goods or cancel services;
  - The buyer will receive a full refund in thirty (30) days;
  - The buyer has the right to keep the gift, premium, bonus or prize without cost.

- b.** If the applicant or applicant's salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes, or otherwise, list the following:

Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basis for valuation: \_\_\_\_\_

Price paid by applicant: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

- c.** Does not apply.

***(Attach additional sheets as necessary using the same format)***

- 17.**  **a.** A purchaser receives all of the items described by applicant's salespeople. [s. 501.614(5), F.S.]

- b.** Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson:

- Applicant decides which item or items a particular prospective purchaser is to receive in the following manner:

\_\_\_\_\_

- The odds a single prospective purchaser has of receiving each item described is:

\_\_\_\_\_

- The name and address of each recipient who has during the preceding 12 months (or if applicant has not been in business that long, during the period applicant has been in business) received any gift, premium, bonus prize:

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

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

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

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

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

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

***(Attach additional sheets as necessary using the same format)***

- c.** Applicant does not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate.

- 18.**  Attached and marked as Exhibit 5 is a copy of the written statement of terms and conditions provided to the purchaser. [s. 501.614(3), F.S.]



**19.** Provide the following information for EACH institution where banking or similar monetary transactions are done by the applicant: [s. 501.606(3), F.S.] (attach additional pages as necessary using the same format)

<b>Name of Institution:</b>	<b>Name of Contact Person:</b>
_____	_____
<b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Account Number(s):</b> _____
<b>Physical Street Address</b> (if applicable please include suite, apartment and/or unit numbers): _____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____

<b>Name of Institution:</b>	<b>Name of Contact Person:</b>
_____	_____
<b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Account Number(s):</b> _____
<b>Physical Street Address</b> (if applicable please include suite, apartment and/or unit numbers): _____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____

**20.** Name and address of registered agent in Florida who is authorized to receive service of process:

**Legal Name:**

\_\_\_\_\_

**Current Physical Address** (if applicable please include suite, apartment and/or unit numbers):

\_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

**21.** Provide a brief description of product(s) sold and/or service(s) provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22. IN ADDITION TO THE DOCUMENTS REQUIRED ABOVE, PLEASE INDICATE WHICH FORM OF SECURITY IN THE MINIMUM AMOUNT OF \$50,000 WILL BE USED.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Surety Bond:</b>                  | <input type="checkbox"/> <i>enclosed</i> | <input type="checkbox"/> <i>on file with the department</i> |
| <input type="checkbox"/> <b>Irrevocable Letter of Credit:</b> | <input type="checkbox"/> <i>enclosed</i> | <input type="checkbox"/> <i>on file with the department</i> |
| <input type="checkbox"/> <b>Certificate of Deposit:</b>       | <input type="checkbox"/> <i>enclosed</i> | <input type="checkbox"/> <i>on file with the department</i> |

The security must be issued by a company authorized to transact business in this state. Documents are included in the application package. You must maintain the security as long as the license is in effect.

LICENSING FEE - \$1,500, Check or Money order made payable to FDACS.

**Verification and Signature**

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm, or person, from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Division Director of the Division of Consumer Services, or the Director's representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in s. 775.082, 775.083, or 775.084, F.S.

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND IN ANY EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.**

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

\_\_\_\_\_  
*Print Applicant Name*

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

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

\_\_\_\_\_  
*Email (optional)*