

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

APPLICATION FOR LICENSE UNDER CHAPTER 520, FLORIDA STATUTES

GENERAL INSTRUCTIONS

Form OFR-520-01 is the form used by Motor Vehicle Retail Installment Sellers (MV), Retail Installment Sellers (RS), Sales Finance Companies (SF), Home Improvement Retail Installment Sellers (HI) to either file an initial application or make an amendment to a pending application or an existing license. This form can also be used to terminate an existing license or withdraw a pending application.

This form is divided into the following sections:

- Type of License
- Applicant Information
- Contact Information
- Applicant Organization & History
- Regulatory Action
- Signature/Title/Date of Signature

When filing this form to apply for an initial license, include a **non-refundable** application fee of:

Motor Vehicle Retail Installment Seller -	\$175
Retail Installment Seller -	\$175
Sales Finance Company -	\$175
Home Improvement Retail Installment Seller -	\$175

Make the check payable to:
Department of Financial Services

Return the completed form and fee to:
**Office of Financial Regulation
Division of Finance
200 East Gaines St
Tallahassee, FL 32399-0376**

Type of Filing

Check the appropriate box for the type of filing. Check only one box.

*****If multiple licenses under this Chapter are needed, submit a separate form and fee for each type of license.**

Initial Application – This designation applies to first-time filers and applications for Change of Control (See Rule 69V-85.005, F.A.C., for waiver of Change of Control Application).

Amendment – This designation applies to any changes including, but not limited to, business name, fictitious name, physical address and phone numbers, mailing address, or records address. Additionally, if the information on a Disclosure Reporting Page has changed, it should be reported through this form. When filing amendments, circle the question(s) on the form that contains new information.

Terminate License/Withdraw Application – This designation applies to any request to terminate an active license or withdraw any pending application. Provide the effective date of this request. If terminating an existing license, update the address where records are stored in Question 2E and the contact information in Question 3.

1. Type of License.

Check only one box. If multiple licenses under Chapter 520 are needed, submit a separate form and fee for each license type. Refer to Chapter 520, F.S., and the rules promulgated thereunder to determine the correct license type requested.

2. Applicant Information

A. Business Name of Applicant – Legal business name as filed in the state of formation. If Sole-Proprietor, enter applicant's full legal name here.

B. DBA or Fictitious Name – Name the business operates under other than the legal business name. Provide proof of fictitious name registration. If you do not use a fictitious name, answer "N/A" for this question.

C. FEID# – Provide the applicant's Federal Employer Identification Number as assigned by the IRS. If the applicant is a sole proprietorship using a social security number, enter the social security number on page 5 of this form, in the space labeled "SSN Section".

D. Business Main Address – This is the main office physical address or the headquarters address.

NOTE: A Post Office Box is not acceptable.

E. Address where records stored – This is the physical location where any and all books and records will be maintained. If this address is the same as the business main address, enter "Same as Business" on this line. Do not leave blank.

F. Mailing Address – Provide if different from business main address.

G. Business Telephone and Fax Numbers – Provide the telephone and fax number of the business location.

3. Contact Information (this is optional)

A. Contact Person Name & Title – Person to be contacted regarding the application.

B. Contact Person Mailing Address – Mailing address of Contact Person.

C. Contact Person Telephone – Telephone number of Contact Person.

4. Applicant Organization and History of Operations

A. Application Type - Check type of Organization.

B. Legally Formed Entity Information – If the applicant is a legally formed entity, list the date and state in which the entity was formed.

C. Registered Agent – Person or entity on whom service of process may be served. This person must be located in Florida. This person can be an individual within the entity applying.

D. Branch Office – Check yes if you intend to operate from a branch location other than the main office. If yes, you must file Form OFR-520-02 (Application for Branch Office License and applicable fee for each branch office.

NOTE: Only one license per county is required of Motor Vehicle Retail Installment Sellers.

E. Owners and Officers – List all persons as requested on the application. A control person is defined as a person who possesses the power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract or otherwise. If another entity owns at least 10% of the applicant, provide the entity name and FEID# of the entity and percentage of ownership in the applicant. If any individual within a parent organization ultimately owns a 10% or greater interest in the applicant, identify the person(s) on this form. A Biographical Summary section of this form is required for every person listed in this question.

5. Disclosure Questions

A. Criminal Disclosure – For every “yes” answer to questions 5A, 5B, & 5C, complete a separate Disclosure Reporting Page (DRP) for each unrelated event. Provide documentation pertaining to each matter disclosed. Such documentation includes, but is not limited to, certified copies of criminal convictions or administrative orders entered against the applicant.

6. Signature – This form must be signed by an authorized person of the applicant. This is limited to any individual identified in question 4E of this form.

Filers may also find all forms, statutes and rules relating to licenses issued under Chapter 520, Florida Statutes on the Office’s website at www.flofr.com

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

APPLICATION FOR LICENSE UNDER CHAPTER 520, FLORIDA STATUTES

Check the box that indicates what you would like to do:

- File an Initial Application** (Filing fees required – See instructions)
- File an Amendment** (Circle the question(s) amended)
- **Terminate License/Withdraw Application** (Effective date of termination/withdrawal: _____)
(MM/DD/YYYY)

1. **This filing is made for the following type of license:** (Check only one box)

- Motor Vehicle Retail Installment Seller
- Retail Installment Seller
- Sales Finance Company
- Home Improvement Finance Seller

2. **Applicant Information**

A. Business Name of Applicant:

B. D/B/A or Fictitious Name:

C. IRS Employee Identification Number (FEID):

D. Business Main Address (Street address only - do not use a P.O. Box):

(Number and Street) (City) (State) (Zip Code)

E. Address where records stored (Street address only - do not use a P.O. Box):

(Number and Street) (City) (State) (Zip Code)

F. Mailing Address, if different from Business (P.O. Box acceptable):

(Number and Street) (City) (State) (Zip Code)

G. Business Telephone Numbers:

(_____) ____-_____
(Business Phone) (Business Fax)

3. **Contact Information:**

A. Contact Person Name and Title:

(Last Name) (First Name) (Middle) (Title)

B. Contact Person Mailing Address:

(Number and Street) (City) (State) (Zip Code)

C. Contact Person Telephone Number:

(_____) ____-_____
(Contact Person Phone) (Contact Person Fax)

4. Applicant Organization and History of Operations:

A. Applicant is a: Corporation, Partnership, Association, LLC, Individual,
 Other (Explain): _____

B. If applicant is a corporation, partnership, association, LLC, or other legally formed entity:

(1) List the date and state the applicant was incorporated / formed:

(Date) (State)

(2) Provide a chart or description of the organizational structure of the applicant, including the identity of any parent or subsidiary of the applicant. (Attachment # _____)

(3) Provide a copy of a certificate of registration from the state or country in which applicant was incorporated or formed. (Attachment # _____)

C. Provide the applicant's registered agent in this State on whom service of process may be made.
Registered Agent Name:

Registered Agent Mailing Address:

(Address) (City) (State) (Zip Code)

Registered Agent Telephone Number:
(_____) ____ -- _____

D. Does the applicant propose to engage in licensed activities at a branch office?

Yes No

(If yes, read page 2 in the instructions for branch office license requirements.)

E. List every chief executive officer, chief financial officer, chief operations officer, chief legal officer, chief compliance officer, director, member, sole proprietor, and control person for the applicant in the table below. Attach additional sheets if necessary. For every person listed, complete the Biographical Summary Section of this form.

Name	Title or Position (Officer, Director, Shareholder, etc.)	% of ownership	Date Title or Position Acquired

5. Disclosure Questions

A. Criminal Disclosure

1) Has the applicant ever been convicted of or found guilty of, or pleaded guilty or nolo contendere to, any crime under the law of any state or of the United States, without regard to whether a judgment of conviction has been entered by the court?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

B. Regulatory Action Disclosure

1) Has the applicant ever had an application for license, or a license or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a licensing authority in any jurisdiction or have a finding by an appropriate regulatory body of engaging in unlicensed activity as an installment seller or sales finance company within any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

2) Is the applicant the subject of a pending criminal prosecution or governmental enforcement action, in any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

C. Civil Litigation/Arbitration Disclosure

1) Has the applicant been named as a DEFENDANT in any civil litigation or arbitration?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

6. Signature

I, the undersigned authorized person, hereby affirm that I have full authority to sign and verify this application, that I have read this application and disclosure reporting page(s) and have knowledge of the facts stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief.

Signature

Print Name

Title

<p>SSN Section (If Applicant is a Sole Proprietor)</p> <p>Applicant's Social Security Number _ _ _ - _ - - _ _ _</p>

Disclosure Reporting Page (OFR-520-01)

This Disclosure Reporting Form is an **INITIAL OR** **AMENDED** response to report details for affirmative responses to **Questions 5A, 5B, & 5C** on Form OFR-520-01;

Check question you are responding to: **5A(1)** **5B(1)** **5B(2)** **5C(1)**

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing Date of Action (MM/DD/YYYY): _____ **Exact** **Explanation**
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action? **Pending** **On Appeal** **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____
 Exact **Explanation** If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): _____ **Exact** **Explanation**
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against the applicant.

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

BIOGRAPHICAL SUMMARY

Check the box that indicates what you would like to do:

- Submit an initial Biographical Summary.**
 Submit an amendment to a Biographical Summary.

1. Applicant/Licensee Information

A. Business Name of Applicant/Licensee (Same as Question 2A on page 3 of this form):

Business Name of Applicant/Licensee

2. Individual Biographical Summary

A. *Identifying Information

Provide your Social Security Number/Alien Identification Number below the signature section at the end of this summary.

B. *Name

First Name	Middle Name	Last Name	Suffix	Date of Birth

C. Surnames and/or Aliases

First Name	Middle Name	Last Name	Suffix (Sr, Jr, II, or III)

D. *Residential Address

Number and Street	City, Town, etc.	State	Country	Postal Code

E. *Mailing Address

Check box if mailing address the same as residential.)

Number and Street	City, Town, etc.	State	Country	Postal Code

F. *Phone Number

Residence Telephone Number	Daytime Telephone Number
() -	() -

G. *Residential History (Start with the current address, give all addresses for last 5 years. Report changes as they occur.)

Number and Street	City, Town, etc.	State/Province	Country	From		To	
				Mo.	Yr.	Mo.	Yr.

H. *Employment History (Start with current employer, give all employments for the last 5 years. Report changes as they occur.)

Name of Company	City, Town, etc.	State/Province	Position Held	From		To	
				Mo.	Yr.	Mo.	Yr.

I. *Professional Licenses and Certifications

Type of License/Certification	Name of Licensing Authority/City/State	Date Issued		Status	Status Date	
		Mo.	Yr.		Mo.	Yr.

J. Are you presently an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock of any firm, company, corporation, partnership or other business organization?

Yes No If yes, complete the chart below.

Name and Address	State of Incorporation	Type of Business	Position Held

3. Disclosure Questions (If you answer “yes” to any question, complete a separate Disclosure Reporting Page (DRP) for each event.)

A. Criminal Disclosure

1) Have you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever been convicted of or found guilty of, or pleaded guilty or nolo contendere to, any crime under the law of any state or of the United States, without regard to whether a judgment of conviction has been entered by the court?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

B. Regulatory Action Disclosure

1) Have you ever had an application for registration, or a registration or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a registering authority in any jurisdiction or have a finding by an appropriate regulatory body of engaging in unlicensed activity as an installment seller or sales finance company within any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

2) Are you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock the subject of a pending criminal prosecution or governmental enforcement action, in any jurisdiction?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

C. Civil Litigation/Arbitration Disclosure

1) Have you or any business or enterprise with which you are now or were at the time associated as an officer, director, representative, member, principal, agent or holder of 10% or more of the outstanding stock now or during the last five (5) years, been named as a DEFENDANT in any civil litigation or arbitration?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

D. Financial Disclosure

1) Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, member, principal, agent, or shareholder of 10% of more of the outstanding stock ever filed bankruptcy or entered into a compromise with creditors?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

2) Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, member, principal, agent, or shareholder of 10% of more of the outstanding stock ever had tax liens of any kind filed against you individually or against your business affiliates?

Yes No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

4. Signature

In assuming the position for which this form is being submitted, I am undertaking a commitment to be fully informed as to the affairs of the company with which I will be associated and to exercise my independent judgment with respect to any matters that may come before me.

Certificate

I hereby certify that this form and applicable disclosure reporting pages have been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the Office to deny my participation in the application for which this summary is submitted.

(Date)

(Signature)

***SSN Section**
Social Security Number _ _ _ - _ _ - _ _ _

Disclosure Reporting Pages (OFR-520-01)

This Disclosure Reporting Form is an **INITIAL OR** **AMENDED** response to report details for affirmative responses to **Questions 3A, 3B, 3C, & 3D** in the biographical summary section of Form OFR-520-01;

Check question(s) you are responding to: **3A(1)** **3B(1)** **3B(2)** **3C(1)** **3D(1)** **3D(2)**

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing Date of Action (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action? **Pending** **On Appeal** **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____
 Exact **Explanation** If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): _____ **Exact** **Explanation**
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against you.