

# LICENSING AND REGISTRATION

## APPLICATION INSTRUCTIONS FOR LICENSES ISSUED UNDER CHAPTER 559 FLORIDA STATUTES

### CONSUMER COLLECTION AGENCY

#### **DO I HAVE THE CORRECT LICENSE APPLICATION FORM FOR THE BUSINESS I CONDUCT.**

The Department of Financial Services makes every effort to send the specific application form requested. Due to similarities of licenses issued under Chapter 559, some applicants are unsure as to which license is needed for their business. The list below briefly describes (in general terms) the type(s) of business authorized with each license issued. Since the fees collected are non-refundable and the licenses issued are non-transferable, extreme caution should be taken to review the list below. ***IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THE CORRECT APPLICATION FORM IS SUBMITTED.***

Please refer to Chapter 559 for specific definitions.

#### **CONSUMER COLLECTION AGENCY**

This license authorizes the holder to collect or attempt to collect consumer debts, asserted to be owed or due to another person. Third party collectors of debts made by individual consumers. A Consumer Collection Agency may also collect third party commercial debts as long as less than one-half of the collection revenue of such agency arises from the collection of commercial claims. [Chapter 559.544(5)(e)]

**LICENSE PERIOD:**      **BEGINS- JANUARY 1,**  
   **ENDS- DECEMBER 31, annually**

Initial licenses issued after January 1, will be effective through December 31, Example: A license issued June 15, 2001 would remain effective only through December 31, and renewal would be required before January 1. **The fees are NOT pro-rated.**

**FEE:**    \$200

All fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**. Fees are NOT pro-rated for licenses issued after the beginning of the license period.

**CHANGE OF ENTITY:** If I apply now as an individual, sole proprietor and incorporate later, will I need to reapply then? Chapter 559 states that a license is not transferable or assignable which means that it cannot be given to other owners or to another entity. Since a corporation is a different entity, one must reapply.

### **HOW TO COMPLETE YOUR APPLICATION FORM**

STEP 1. Please review the application type to ensure that you are submitting the correct license application form for the business you transact. If you have the wrong application **DO NOT AMEND IT**. Please call or write to the telephone number or address listed below to request a new (correct) application.

STEP 2. Complete the application as explained below:

**ANY INCORRECT INFORMATION WILL CAUSE A DELAY IN THE PROCESSING OF THE APPLICATION. THIS WILL REQUIRE THAT A LETTER BE SENT TO CORRECT THE INFORMATION. THIS MAY CAUSE A 2-3 WEEK DELAY!!!!!!!!!!!!**

**QUESTION 1. NAME:** If a sole proprietor (individual) provide owner's first middle and last name. If a partnership, provide legal name of partnership. If a corporation, line 1-A should be the full legal name of corporate entity, line 1-B if applicable is the corporate name being used, in Florida.

The line DBA (FICTITIOUS NAMES) should indicate the fictitious name filed with the Florida Division of

Corporations. The name should be filed before applying for your license.

**What is a fictitious name?**

A fictitious name is any name under which a person transacts business in this state, other than their legal name.

**What is meant by fictitious name registration?**

Pursuant to Chapter 865.09, Florida Statutes , a person may not engage in business under a fictitious name unless they first register the name with the Secretary of State, Division of Corporations. This may be accomplished by filing a sworn statement listing:

1. The name to be registered.
2. The mailing address of the business.
3. The name and the address of each owner, and if a corporation, it's federal employer identification number and Florida incorporation or registration number.
4. Certification by the applicant that the intention to register such fictitious name has been advertised at least once in a newspaper as defined in Chapter 50 in the county where the principle place of business of the applicant will be located.
5. Any information the division may deem necessary to adequately inform the governmental agencies and the public as to the persons so conducting business.
6. Go to [www.sunbiz.org](http://www.sunbiz.org) to download fictitious name registration forms

**What is the intent of the Fictitious Name Registration Act?**

The intent is for public notice of ownership. By the appearance of an individual's full name in the title, and that person is the only owner, the intent of the Act is satisfied and no registration of a fictitious name would be required. Just the first name or just the last name in the title does not satisfy the intent of the Act as ownership is not clear.

**EXAMPLE:**

**Susan Brown's Flower Shop** - no registration required if Susan Brown is the only owner

**Sue Brown's Flower Shop** - no registration required

**Susan's Flower Shop** - registration required, last name is not disclosed

**Brown's Flower Shop** - registration required, first name not disclosed

**For question or concerns on how to register a fictitious name, contact The Secretary of State at (850) 487-9000 or visit [www.sunbiz.org](http://www.sunbiz.org) to download the necessary registration forms.**

QUESTION 2. **FEDERAL EMPLOYER ID NUMBER:** Provide FEID number. A federal employer identification (FEID) number is required by the IRS for all corporations and legal partnerships, etc. An FEID number is required of an individual or sole proprietor paying wages to one or more employees. If you are applying as an individual and have no FEID number, enter the social security number on Exhibit A of the application. If applying as husband and wife and do not have a FEID number, enter social security of one spouse on Exhibit A of the application.

QUESTION 3. **BUSINESS ADDRESS:** Provide physical location of your business. May not be a P O BOX.

QUESTION 4. **MAILING ADDRESS:** Provide mailing address. Include phone number and fax number, if available.

QUESTION 5. **OWNERS AND PRINCIPALS OF BUSINESS INFORMATION:** Identify all principal officers, directors, partners and 10% or more owners of the entity applying for licensure, and Florida Resident Agent on Exhibit A of the application. (See Examples attached)

QUESTIONS 6. **DO NOT LEAVE BLANK.**

Failure to disclose any actions constitutes grounds for denial of your application. Be sure to include the documentation for a “yes” answer.

**DATE APPLICATION SIGNED:**

Each applicant **MUST** manually sign and date the application. The date must be **within 30 days** of the date the application is received by the Department. Before mailing, check to see that the date is a current date.

**CORRECTIONS:** It is the applicant's responsibility to correct any incorrect information printed on the application.

If your name, social security number, FEID number or address is incorrect, please mark through the item and write in the correct information before mailing the application to the Department.

**BEFORE MAILING:** Review all of your answers carefully before mailing to eliminate delays in the processing of your application.

**FOR FURTHER INFORMATION PLEASE CONTACT US:**

**Web:** <http://www.dbf.state.fl.us/licensing>

You are now able to follow your application through our process over the web. You can find out when your application was received, whether or not there are deficiencies, who is reviewing your file and how to contact that person. You are encouraged to try this new service and we welcome your comments.

**Email:** [electronic\\_licensing@dfs.state.fl.us](mailto:electronic_licensing@dfs.state.fl.us)

**Phone: (850) 410-9895** There are limited personnel available to respond to your call, consequently, you may be asked to leave your name and telephone number on our voicemail. Licensing personnel will return your call in the order received.

**Fax: (850) 410-9914**

**Mail:** Department Financial Services  
200 E. Gaines St.  
Tallahassee, FL 32399-0375

**OWNERS AND PRINCIPALS OF BUSINESS - EXAMPLES**

**PLEASE NOTE:** We cannot issue a license until this form is completed exactly as outlined below. Any errors or omissions will result in delays.

**CORPORATIONS:** List the principal officers, all directors, and all owners of 10% or more or greater of the corporate entity applying for the license. Provide name and EIN of any other entity that may be the owner of the applicant. If no one owns at least 10% interest in the applicant, so state. (A listing of only officers or only owners is not sufficient.)

**PARTNERSHIPS:** List all partners' name, % of ownership, as well as SSN and Date of Birth. If the partner is other than an individual person, list the name and EIN of the entity, plus if a partner is a corporation, follow the instructions listed above for corporations by listing all the information on the corporate officers, directors and owners.

**LIMITED LIABILITY COMPANIES:** List all information requested for all managing members.

**SOLE PROPRIETORS:** Provide all information for the individual listed as the applicant.

\* SSN – One’s personal Social Security Number

\*\* EIN – Employer Identification Number assigned to entities by Internal Revenue

**CORPORATION \*** (1) All officers & directors are also owners

Name	Position	% of Ownership	Date of Birth	EIN (other entities) **	---	OR	---	SSN (Individuals) *
John Que Public	President & Director	50	01-01-01					123-45-6789
May Bee Public	Sec./Treas.	40	01-01-01					123-45-6789
Jane Lee Public	Director	10	01-01-01					123-45-6789

(2) Some officers are not owners - some owners are not officers

John Que Public	President & Director	50	01-01-01					123-45-6789
May Bee Public	Sec./Treas.	0	01-01-01					123-45-6789
Henry Lee Public	Director	10	01-01-01					123-45-6789
Jane Lee Public	Owner	40	01-01-01					123-45-6789

(3) One owner is another corporation

John Que Public	President & Director	50	01-01-01					123-45-6789
Henry Lee Public	Director	10	01-01-01					123-45-6789
ABC Corporation	Owner	40	NA	65-1234567				

**PARTNERSHIP \*\*** (1) All partners are individual persons

Name	Position	% of Ownership	Date of Birth	EIN (other entities) **	---	OR	---	SSN (Individuals) *
John Que Public	Partner	60	01-01-01					123-45-6789
May Bee Public	Partner	40	01-01-01					123-45-6789

(2) One partner is a corporation

John Que Public	Partner	60	01-01-01					123-45-6789
ABC Corporation	Partner		NA	65-1234567				
John Smith	President of ABC Corp		01-01-01					123-45-6789
Lucy Jane Smith	Vice Pres. Of ABC Corp.		01-01-01					123-45-6789
Henry Lee Smith	Director of ABC Corp.		01-01-01					123-45-6789

**SOLE PROPRIETOR** (1) Only one example required for an individual person

Name	Position	% of Ownership	Date of Birth	EIN (other entities) **	---	OR	---	SSN (Individuals) *
John Que Public	Owner	100	01-01-01					123-45-6789

\* Limited Liability Companies should disclose this information on all "Managing Members".

\*\* Limited Liability Partnerships should disclose the "Managers" or the persons liable for daily operations when there is no General Partner with that job.