

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**APPLICATION FOR BRANCH OFFICE LICENSE  
CHAPTER 494, FLORIDA STATUTES**

**GENERAL INSTRUCTIONS**

Form OFR-494-02 is the form used by Mortgage Brokerage Business (MBB), Correspondent Mortgage Lender (CL), Mortgage Lender (ML), Mortgage Lender Savings Clause (MLS) and Mortgage Lender Savings Clause Transfer (MLST) to either apply for an initial branch office license or make an amendment to an existing branch office license. This form is also used to terminate an existing branch office license or withdraw a pending branch office application.

**Do not file this form for the licensee's main office.**

This form is divided into the following sections:

- Type of Notification (Add, Terminate or Amend a branch)
- Effective Date of termination or withdrawal of branch.
- Licensee Information
- Branch Information

When filing this form to add a new branch, include a non-refundable application fee of:

Mortgage Brokerage Business Branch - \$225

Correspondent Mortgage Lender Branch/Mortgage Lender Branch/Savings Clause Lender Branch /Savings Clause Transfer Lender Branch - \$325

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Make the check payable to:  
**Department of Financial Services**

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

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**Type of Notification**  
Check the appropriate box for the type of notification. Check only one box.

Initial Application – This designation applies to first-time filers.

Amendment – This designation applies to any changes to any information contained on the initial

branch application or any amendment thereto. When filing amendments, circle the question(s) amended.

Terminate License/Withdraw Application – This designation applies to any request to terminate an active branch office license or withdraw any pending branch application. Provide the effective date of this request. If terminating a branch office license, update questions 4 & 6 as to where the records will be located and a contact person.

**Licensee Information**

1. License# - This is the audit number on your branch license, if amending or terminating, or the main office's license, if this is an application.
2. Licensee's FEID# - This is a nine digit number assigned by the IRS. If the licensee is a Mortgage Brokerage Business and a sole proprietorship using a social security number, enter the social security number on page 2 of this form, in the space labeled "Licensee's SSN#".
3. Business Name of Licensee – Legal name of the business. This name must match the business name in question 2A on Form OFR-494-01 (Business and Lender Application Form).
4. Contact Person – Provide the name, telephone and fax number of the contact person for questions regarding this form. (See termination instructions for updating this information when terminating a branch.)

**Branch Information**

5. Branch Office Address: Physical location where business will be or is being conducted.
6. Address where records stored: Address where records are stored even if not different from branch address.
7. Fictitious (D/B/A) Name – name the business operates this branch under other than the legal business name. Provide proof of fictitious name registration with the application or amendment.
8. Name of Branch Broker/Employee in charge: If licensee is a mortgage brokerage business, identify the branch broker (must be a Florida licensed mortgage broker). If the licensee is a lender, identify the employee in charge of the branch office.
9. Social Security Number: If the branch broker/employee in charge does not have a SSN, provide alien ID # or passport #.
10. Signature: This form must be signed by an authorized person of the applicant. This is limited to any individual identified in question 4E of Form OFR-494-01 (Business and Lender Application Form).

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

- Submit an initial branch office application.**  
 **Submit an amendment to a branch office license.** (Circle the question(s) amended)  
 **Terminate License/Withdraw application.** (Effective date of termination/withdrawal request: \_\_\_\_\_)  
(MM/DD/YYYY)

**LICENSEE INFORMATION** (Answer all questions listed below)

1. **LICENSE NUMBER:** \_\_\_\_\_
2. **LICENSEE'S FEID #:** \_\_\_\_\_
3. **BUSINESS NAME OF LICENSEE:** \_\_\_\_\_
4. **CONTACT PERSON REGARDING THIS FORM:** \_\_\_\_\_
- CONTACT PERSON PHONE #:** ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_ **FAX #:** ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_

**BRANCH INFORMATION** (Answer all questions listed below)

5. **BRANCH OFFICE ADDRESS** (Street address only - do not use a P.O. Box):  
\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)
6. **ADDRESS WHERE RECORDS STORED** (Street address only - do not use a P.O. Box):  
\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)
7. **FICTITIOUS NAME (DBA)** \_\_\_\_\_  
(Must be duly registered with the Florida Secretary of State's Office)
8. **NAME OF BRANCH BROKER/EMPLOYEE IN CHARGE**  
\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)
9. **SOCIAL SECURITY NUMBER OF BRANCH BROKER/EMPLOYEE IN CHARGE:**  
(Enter social security number in the SSN Section at the end of this form.)

10. **Signature**

I, the undersigned authorized person, hereby swear / affirm that I have full authority to sign and verify this notification, that I have read this notification and have knowledge of the information stated herein, and that this notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

\_\_\_\_\_

Signature

Print Name

Title

Date

**SSN Section**

(Answer questions 2 & 8 below)

2. Licensee's SSN # \_\_\_\_\_

8. Branch Broker/Employee in Charge SSN # \_\_\_\_\_