



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Consumer Services



**CHARLES H. BRONSON
COMMISSIONER**

**BUSINESS OPPORTUNITY
DISCLOSURE FILING PACKET**
Chapter 559, Part VIII, Florida Statutes

Florida Department of Agriculture and Consumer Services
Business Opportunity Disclosure Filing Packet

Table of Contents

Filing Instructions _____ Page III

Application Checklist _____ Page IV

Required Documents _____ Page V

Application for Registration _____ Page 1 – 3

Independent Agent Form _____ Page 4

Material Change Form _____ Page 5

CD Assignment Form _____ Page 6

If you have any questions regarding the Florida Business Opportunity Act, please contact the Department at 1-800-HELP-FLA (435-7352), (850) 488-2221 or via email at cswebmaster@doacs.state.fl.us.

INSTRUCTIONS

General Information

All registrations are valid for one year, beginning the day the AIN is issued, unless suspended or revoked for cause. Continued operation with an expired registration will result in legal action by the Department which may include injunctive relief, order to cease and desist, and civil or administrative fines of up to \$5,000 per violation. Each sale or attempted sale may be considered a separate violation.

Violation of this law is a third degree felony punishable by five years imprisonment or a \$5,000 fine, or both. Purchasers may also make civil claims, in law or equity, and be awarded reasonable attorney's fees if successful. Filing a disclosure by a seller shall not in any way indicate approval, certification, or endorsement of the seller's business by the State of Florida.

Upon completion of the filing, the seller will receive an advertisement identification number which should be presented to any publisher in Florida when advertising is placed by the seller. Florida law requires that the filing must be updated whenever any material change in the required information occurs, within thirty days after the change.

CHECKLIST

Item # 1:

Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the organization operates under any other names, provide those names in the spaces listed. Attach a separate sheet if necessary. **Note: Corporate, LLC, and Fictitious Names are verified with the State Division of Corporations and must match the name exactly as filed.**

Item # 2:

Provide the principal location from which you will be doing business. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

Item # 3:

You must provide a primary telephone number, including the area code, for the business. Also, provide the address for electronic mail and web site if used to provide information to or communicate with the public.

Item # 4:

Provide the business's federal employer identification number. **Note: Taxpayers can obtain an EIN immediately by calling the IRS Business & Specialty Tax Line (800-829-4933).**

Item # 5:

Select type of organization (or legal form of business), and when and where the business was legally established.

Item # 6:

List true name, title, home and business address, phone number, driver's license number and state, and date of birth of all officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with the responsibility for the seller's business activities relating to the sale of business opportunities.

Item # 7:

Answer yes or no, if yes then you must provide a security.

REQUIRED DOCUMENTS

1. A Copy of the Contract

This is the sales contract ordinarily used by the seller. It must include:

- a. An approximate delivery date of product, equipment or supplies (s. 559.811, F.S.).
- b. The principal business address of the seller and its agent for the service of legal process (s. 559.811, F.S.). The agent must be either a Florida resident or a corporation authorized to accept service in Florida.
- c. Prominent display of the Advertising Identification Number issued by the Florida Department of Agriculture and Consumer Services.

2. If you answered 'yes' in response to question 7, you must provide a security in the amount of \$50,000, acceptable forms of security are: A) Surety Bond B) Letter of Credit C) Certificate of Deposit

Note: The security must be issued by a company authorized to transact business in this state using only the form prescribed by the department. The security must remain in effect as long as the registration is in effect. The security is renewed ANNUALLY.

3. A Disclosure Statement

This is a statement showing the nature of the business, its history (especially with regard to bankruptcy, litigations, etc.) and any promises made regarding training, assistance and prior sales.

A listing of all authorized independent agents must be included with the disclosure.

A Federal Trade Commission (FTC) or Uniform Franchise Offering Circular (UFOC) disclosure document may be submitted in lieu of the disclosure. However, the "Florida cover sheet" must follow the FTC or UFOC cover sheet. The Florida cover sheet must contain only the language prescribed by Florida law. An Index Page must immediately follow the cover sheet.

Disclosure Requirements

Note: If you make any changes to these documents they must be submitted to the Department for approval prior to the sale of any business opportunity.

- (1) Florida Cover Sheet s.559.803, F.S.
- (2) Index Page s.559.803, F.S.
- (3) Name of Seller s.559.803(1), F.S.
- (4) Address of Seller s.559.803(2), F.S.
- (5) Length of Time Sold s.559.803(3), F.S.
- (6) Full Description of Services s.559.803(4), F.S.
- (7) Financial Statement s.559.803(5), F.S.
- (8) Specify Any Training Cost s.559.803(6), F.S.
- (9) Promises or Guarantees of Services made by the seller s.559.803(7), F.S.
- (10) Security Requirements s.559.803(8), F.S.
- (11) 45-Day Delivery Statement s.559.803(9), F.S.
- (12) Earnings Claims made by the seller s.559.803(10), F.S.
- (13) Litigation Statement s.559.803(12), F.S.
- (14) Bankruptcy Statement s.559.803(13), F.S.
- (15) A listing of all authorized independent agents.

Note: Any sales of business opportunities must cease immediately until registered or exempted.

PAYMENT / APPLICATION FEE

Send completed application and a check or money order in the amount of \$300.00, made payable to:

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Attn: Business Opportunity Program
P.O. Box 6700
Tallahassee, FL 32399-6700



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**FILING APPLICATION
FLORIDA BUSINESS OPPORTUNITY**

**CHARLES H. BRONSON
COMMISSIONER**

Chapter 559.805(1), Florida Statutes

Make check payable and remit application to:

Florida Department of Agriculture and
Consumer Services
P.O. Box 6700
Tallahassee, FL 32399-6700

www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
850-410-3804 Fax

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. **NOTE: All fees are non-refundable.**

BUSINESS INFORMATION
s.559.805(1), F.S.

1. Business Name**:

Fictitious (DBA) Name(s)**:

_____ Date Registered: _____

_____ Date Registered: _____

_____ Date Registered: _____

_____ Date Registered: _____

** 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. You must list all names under which you intend to do business.

2. Principal Street Address (if applicable please include suite, apartment and/or unit numbers):

City: _____ State: _____ Zip: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip: _____

3. Telephone Number:

Fax Number:

Email:

Website (if applicable):

4. Federal Employer ID Number (FEIN) (s.119.092, F.S.):

_____ - _____

DO NOT WRITE IN THIS SPACE

Business Opportunities
Org Code: 4210020300-A2
Object Code: 004064 (\$300)

5. Form of Organization (s.559.805(1), F.S.):

a. Corporation LLC Partnership Sole Proprietorship Other (please describe below)

b. If applicant is a corporation, partnership or LLC, provide date incorporated or legally established: _____
State: _____ Charter (Document) Number: _____
If foreign (out of state corporation/entity), date registered with the Florida Division of Corporations: _____

6. List all officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with the responsibility for the seller's business activities relating to the sale of business opportunities. (s.559.805(2), F.S. **Note: Every seller of a business opportunity shall file with the department a list of independent agents who will engage in the offer or sale of business opportunities on behalf of the seller in this state. This list must be kept current (you must submit attached form for each independent agent prior to allowing them to sell on your behalf. Attach additional pages as necessary using the same format. (s.559.805(1), F.S.)**

a. Name: _____ Title: _____
Home Address (include Suite or Apt): _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date of Birth: ____ / ____ / ____
Driver's License Number: _____ State of Issue: _____

b. Name: _____ Title: _____
Home Address (include Suite or Apt): _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date of Birth: ____ / ____ / ____
Driver's License Number: _____ State of Issue: _____

c. Name: _____ Title: _____
Home Address (include Suite or Apt): _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date of Birth: ____ / ____ / ____
Driver's License Number: _____ State of Issue: _____

d. Name: _____ Title: _____
Home Address (include Suite or Apt): _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date of Birth: ____ / ____ / ____
Driver's License Number: _____ State of Issue: _____

7. Do you make any representations set forth in s.559.801(1)(a)3?

Yes** No ** If Yes, see the security requirements below.

Attach the following documents and initial verifying that the information provided is complete:

- _____ Copy of Contract
- _____ Licensing and Application Fee
- \$300.00, Check or Money order made payable to: Florida Department of Agriculture and Consumer Services

SECURITY REQUIREMENTS

****If you answered 'yes' in response to question 7, you must provide a security bond as follows:**

_____ N/A

_____ Security in the amount of \$50,000 – acceptable forms of security are:

Surety Bond

Letter of Credit

Certificate of Deposit

Note: The security must be an original document issued by a company authorized to transact business in this state using only the form prescribed by the department. The seller of the business opportunity must maintain the security in effect as long as the registration is in effect. The security is renewed ANNUALLY.

DISCLOSURE REQUIREMENTS

NOTE: If you make any changes to these documents they must be submitted to the Department for approval prior to the sale of any business opportunity.

___(1) Florida Cover Sheet s.559.803, F.S.

___(2) Index Page s.559.803, F.S.

___(3) Name of Seller s.559.803(1), F.S.

___(4) Address of Seller s.559.803(2), F.S.

___(5) Length of Time Sold s.559.803(3), F.S.

___(6) Full Description of Services s.559.803(4), F.S.

___(7) Financial Statement s.559.803(5), F.S.

___(8) Specify Any Training Cost s.559.803(6), F.S.

___(9) Promises or Guarantees of Services made by the seller s.559.803(7), F.S.

___(10) Security Requirements s.559.803(8), F.S.

___(11) 45-Day Delivery Statement s.559.803(9), F.S.

___(12) Earnings Claims made by the seller s.559.803(10), F.S.

___(13) Litigation Statement s.559.803(12), F.S.

___(14) Bankruptcy Statement s.559.803(13), F.S.

The person completing the application must sign and attest to the following:

1. I _____ have completed this Registration Statement;
(Name of person completing the registration)

2. This Registration Statement is made for the purpose of complying with the provisions of the Florida Sale of Business Opportunities Act;

3. I certify that this applicant is aware of and complies with all of the requirements of ss. 559.80-559.815, F.S.; and

4. I am authorized to complete the application and the information provided is true and accurate to the best of my knowledge.

Signature

Date



CHARLES H. BRONSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

INDEPENDENT AGENT
FLORIDA BUSINESS OPPORTUNITY

Chapter 559.805(1), Florida Statutes

Make check payable and remit application to:

Florida Department of Agriculture and
Consumer Services
P.O. Box 6700
Tallahassee, FL 32399-6700

www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Use a separate form for each independent agent. Forms must be submitted prior to the time the independent agent begins selling on your behalf.

**Submitted by: _____ AIN: _____

Name of Independent Agent: _____

Home Address (include Suite or Apt): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: ____ / ____ / ____

Present Employer: _____

****Name of business *EXACTLY* as filed with the Department as a Seller of Business Opportunities.**



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**MATERIAL CHANGE FORM
FLORIDA BUSINESS OPPORTUNITY**

**CHARLES H. BRONSON
COMMISSIONER**

Chapter 559.805(1), Florida Statutes

Make check payable and remit application to:

Florida Department of Agriculture and
Consumer Services
P.O. Box 6700
Tallahassee, FL 32399-6700

www.800helpfla.com

1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

NOTE s.559.805(5),(3), F.S., requires all registered business opportunities to notify the Florida Department of Agriculture and Consumer Services of any changes in information which was submitted as a condition for registration within 30 days after such change is made.

INSTRUCTIONS

Please attach a photocopy of the original information which was submitted and indicated the changes in the space provided below. Attach additional pages to this form as necessary. Please utilize the same format. You must enclose a \$50.00 check or money order made payable to Florida Department of Agriculture and Consumer Services. **Note: All fees are non-refundable.**

Name (**EXACTLY** as filed with the Department of Agriculture and Consumer Services):

Form Name you Wish to Change:

Form Number of Information You Wish to Change:
(see bottom left corner of form)

Page #:
(see bottom left corner of form)

Item #:
(number of question)

Subsection:
(if applicable)

DACS – 10 _ _ _

Revised Information:

Your AIN:

Please mail completed form and payment to:

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Attention: Business Opportunity Program
P.O. Box 6700
Tallahassee, FL 32399-6700

DO NOT WRITE IN THIS SPACE

Business Opportunities
Org Code: 42100203000-A2
Object Code: 004064 (\$50)

“THIS SAMPLE IS A GUIDE TO DRAFTING, IT IS NOT INTENDED TO BE USED “AS IS,” AND SHOULD BE SUBMITTED ON BANK LETTERHEAD. NO CHANGES MAY BE MADE TO THE LANGUAGE CONTAINED HEREIN.”

BUSINESS OPPORTUNITY CERTIFICATE OF DEPOSIT ASSIGNMENT FORM

(Name of person applying for Business Opportunity License), Assignor, does hereby assign, transfer, and set over unto the Florida Department of Agriculture and Consumer Service, Assignee, all right, title and interest to and in Certificate of Deposit Number _____ entitled _____ and issued by (Name and address of Depository), Depository, in the amount of \$ _____, excluding interest payable thereon. This assignment is made as security pursuant to Sections 559.80-559.815, Florida Statutes, the Florida Business Opportunity Act, for (Legal Name and address of Business Opportunity Seller – separate certificate of deposit or other security for each location). This assignment includes any substitution or renewals to the Certificate of Deposit described, and shall remain in effect until Assignee notifies Depository in writing of the cancellation of this assignment.

Assignee is authorized to draw against the above Certificate of Deposit pursuant to the Florida Business Opportunity Act, and Depository is directed to pay up to the Principal Sum to Assignee upon demand. Partial draft is permitted. Any payments made pursuant to this assignment shall constitute acquittance of Depository. Depository shall not pay any portion of the Principal Sum to assignor without prior written cancellation of this assignment from the Assignee. This Certificate of Deposit may not be encumbered in any way, and any attempted encumbrance is void.

Signature of Assignor

Date

DEPOSITORY ACKNOWLEDGEMENT OF ASSIGNMENT

The Assignor's signature above compares correctly with our files. Principal Sum is \$ _____, and the above assignment will be considered valid and honored until written cancellation is received from Assignee.

Depository Name: _____

Home Address (include Suite or Apt): _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name Authorized Depository Officer: _____

Title of Authorized Depository Officer: _____

Signature of Authorized Depository Officer

Date