

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

**SUBSTANCE ABUSE MARKETING SERVICE  
PROVIDER LICENSE APPLICATION**

Florida Telemarketing Act  
Sections 501.601 – 501.626, Florida Statutes

1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Submit and Pay Non-Refundable  
Fee Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
PO Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, Florida Statutes (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. Annual Registration Fee: \$1,500. Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See sections 501.605(5)(b), and 501.609(5), F.S., and rule 5J-6.005, Florida Administrative Code, for eligibility requirements.

**BUSINESS INFORMATION**

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

**1. Business Name** (As registered with the Florida Department of State, Division of Corporations.):

**Fictitious (DBA) Name:**

As registered with the 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. 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.):

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

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

F & A Use Only

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

**3. 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

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

\_\_\_\_\_ - \_\_\_\_\_

**5. 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

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

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

\*\*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.]

6. 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 there ever been a judicial or administrative finding that the applicant has previously been convicted of acting as a salesperson without a license, or has such a license 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**

7. 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):

8. Does the applicant have previous experience as a commercial telephone seller or salesperson or as an entity providing substance abuse marketing services? [s. 501.605(2)(c), F.S.]

Yes  No If yes, provide previous experience (in months) as a commercial telephone seller, salesperson or substance abuse marketing service provider: \_\_\_\_\_

9. 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.) [s. 501.605(2)(l), F.S.]

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 or as an entity providing substance abuse marketing services? [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 there ever been a judicial or administrative finding that this person has previously been convicted of acting as a salesperson without a license, or has such a license previously been refused, revoked, or suspended in any jurisdiction?  Yes  No

b. Has this person previously been convicted of, or is this person 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 this person had entered against him or her an injunction, a  Yes  No temporary restraining order, or 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?
- d. Is this person, or 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 adjudged bankrupt, or 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?  Yes  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	

10. List all salespersons or other persons employed by the applicant. (If more than 2 persons, provide information in an Excel spreadsheet and email to [cscompliance@FDACS.gov](mailto:cscompliance@FDACS.gov)) [s. 501.606, F.S.]

Check the box to indicate that you have no employees at the current time.

<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>
_____	_____	_____ - _____	____ / ____ / ____

<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>
_____	_____	_____ - _____	____ / ____ / ____

**11.** 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@FDACS.gov](mailto:cscpliance@FDACS.gov))

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

**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@FDACS.gov](mailto:cscpliance@FDACS.gov))

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

**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@FDACS.gov](mailto:cscpliance@FDACS.gov))

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

**Questions numbered 12 – 14, check only “a” or “b” (if applicable) and complete those selected requirements.**

12.  a. Attached and marked Exhibit 2 are copies of all sales scripts given to those soliciting for the applicant. [s. 501.605(2)(l), F.S.]
- b. The applicant does not use sales scripts.
13.  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), F.S.]
- b. The applicant does not provide salespersons with or inform salespersons of any sales information or literature described in 13a.
14.  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), F.S.]
- b. The applicant does not send any written material to any prospective or actual purchaser.

15. 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:** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

16. 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: 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: Zip Code:</b>
_____	_____ - _____

THE DEPARTMENT DOES NOT APPROVE THE CONTENT OF CONTRACTS OR SCRIPTS WHEN PROCESSING APPLICATIONS FOR LICENSURE. IT IS RECOMMENDED YOU SEEK LEGAL COUNSEL TO ENSURE THESE DOCUMENTS ARE IN COMPLIANCE WITH FLORIDA STATUTES.

**PREPARER INFORMATION**

**Prepared By** *(please print name):*

**Title of Preparer:**

**Telephone Number of Preparer:**

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

**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 person 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*