

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM  
COMMISSIONER**

**SUBSTANCE ABUSE MARKETING SERVICE  
PROVIDER LICENSE APPLICATION**  
Sections 501.601 – 501.626, Florida Statutes

**Florida Department of Agriculture and Consumer Services  
Substance Abuse Marketing Service Provider License Application**

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**If you have any questions regarding the Florida Telemarketing Act, please contact the department at (850) 410-3800 or via email at [cscompliance@freshfromflorida.com](mailto:cscompliance@freshfromflorida.com).**

## INSTRUCTIONS

### General Information

The Florida Telemarketing Act requires entities that provide substance abuse marketing services to be licensed prior to doing business in this state. Doing business in this state includes operating from a location in Florida and operating from other states or nations on behalf of substance abuse service providers located in Florida.

## CHECKLIST

**Item # 1:**

Provide the legal name of the applicant. If the applicant is an entity other than a natural person, state the entity's name **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the applicant operates under any other names, provide those names in the spaces listed. Attach a separate sheet if necessary. **Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

**Item # 2:**

Provide the principal street address from which the applicant will be doing business. Include the suite, room, or other unit number. The address cannot be a mail drop or virtual address. If the mailing address (i.e. a generally used post office box) is different from the applicant'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 applicant. Also, provide the address for email and website, which will be used for communication purposes.

**Item # 4:**

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

**Item # 5:**

Provide the applicant's federal employer identification number. **Note: Taxpayers can obtain an FEIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).**

**Item # 6:**

List all parent or affiliated entities as described. If none, check the box marked N/A.

**Item # 7:**

Answer the criminal and litigation questions for the applicant. Attach the appropriate exhibits.

**Item # 8:**

List each business or occupation engaged in by the applicant during the three (3) years **immediately preceding** the date of the application and the location thereof.

**Item # 9:**

List all previous experience of the applicant as a commercial telephone seller, salesperson or substance abuse service marketing provider.

**Item # 10:**

List true name, current home address, date of birth, and all other names by which known, or previously known, of each 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. Also, list the same information for any office manager or other person principally responsible for a location from which the applicant will do business.

**Item # 11:**

List all salespersons or other persons employed by the applicant.

**Item # 12:**

Provide the complete physical street address of each location from which the applicant will be doing business. The location cannot be mail drop or virtual address. Also, list the main telephone number as well as all location phone numbers.

**Item # 13:**

Answer and attach exhibit as instructed.

**Item # 14:**

Answer and attach exhibit as instructed.

**Item # 15:**

Answer and attach exhibit as instructed.

**Item # 16:**

Provide information regarding registered agent.

**Item # 17:**

Provide information for all banking and/or monetary institutions.

## REQUIRED DOCUMENTS

**LICENSING APPLICATION FEE** - \$1,500; check or money order made payable to FDACS.

**Attach and mark the following Exhibits:**

- a - If a partnership, provide copy of any written partnership agreement.  
b - If a corporation, provide copy of articles of incorporation and bylaws.
- Copies of all scripts or a written statement that no scripts are used referred to on page 6 number 13.
- Copies of all sales information provided to salespersons referred to on page 6 number 14.
- Copies of all written material sent to actual or prospective purchaser referred to on page 6 number 15.

THE DEPARTMENT DOES NOT REVIEW 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.

**Any activities must cease immediately until licensed.** If you have any questions regarding the Florida Telemarketing Act, please contact the Florida Department of Agriculture and Consumer Services (FDACS) at (850) 410-3800 or via email at [csmpliance@freshfromflorida.com](mailto:csmpliance@freshfromflorida.com).

## FEES

**Send completed application and a check or money order made payable to FDACS in the amount of \$1,500 to:**

FDACS  
Attn: Telemarketing Program  
PO Box 6700  
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**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 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

Submit and Pay Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- 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, 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. **All fees are non-refundable.**

**Business Information**

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

**1. Name of Business** (State the legal name of the entity as registered with the Florida Department of State, Division of Corporations.):

**Fictitious (DBA) Name:**

All fictitious names must be registered with the Florida Department of State, 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):

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

**3. Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

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

**4. 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

**5. Federal Employer ID Number** [s. 119.092, F.S.]:  
\_\_\_\_\_ - \_\_\_\_\_

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

6. 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

Parent  Legal Name: \_\_\_\_\_  
 Affiliate  \_\_\_\_\_

Fictitious (DBA) Name(s)\*\*: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_ (optional)  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Form of organization:  
 Corporation  LLC  Partnership  Sole Proprietorship  Other (Please describe): \_\_\_\_\_

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: State: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Parent  Legal Name: \_\_\_\_\_  
 Affiliate  \_\_\_\_\_

Fictitious (DBA) Name(s)\*\*: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_ (optional)  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Form of organization:  
 Corporation  LLC  Partnership  Sole Proprietorship  Other (Please describe.): \_\_\_\_\_

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: State: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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.]

7. 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 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

- d. 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**

8. 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):** \_\_\_\_\_

9. Does the applicant have previous experience as a commercial telephone seller, salesperson or substance abuse marketing service provider? [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:** \_\_\_\_\_

- 10.** 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 substance abuse marketing service provider** *[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 this person ever been convicted of acting as a salesperson without a license, either judicial or  **Yes**  **No** administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction?
- b. Has this person been convicted of, or under indictment or information for, racketeering or any offense  **Yes**  **No** involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld.
- c. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final  **Yes**  **No** judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant 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. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment  **Yes**  **No** 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?
- e. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or  **Yes**  **No** 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?



<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

**11.** List all salespersons or other persons employed by the applicant. (If more than 2 persons, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com).) [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>
_____	_____	_____ - _____	____ / ____ / ____

**12.** 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.]

<b>a. Legal Name of Business:</b> _____			
<b>Physical Street Address</b> (If applicable please include suite, apartment and/or unit numbers. This cannot be a mail drop or virtual address.):			
_____			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
_____	_____	_____ - _____	
<b>Main Telephone Number:</b>	<b>Name of Location Manager:</b>		
( _____ ) _____ - _____	_____		

**Location Phone Numbers:** If more than 12 numbers, provide information in an Excel spreadsheet and email to [cscpliance@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com).)

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

**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@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com).)

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

**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@freshfromflorida.com](mailto:cscpliance@freshfromflorida.com).)

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

**Questions numbered 13 – 15, check only “a” or “b” (if applicable) and complete those selected requirements.**

- 13.**  **a.** Attached and marked Exhibit 2 are copies of all sales scripts given to those soliciting for the applicant. [s. 501.605(2)(l)3., F.S.]
- b.** The applicant does not use sales scripts.
- 14.**  **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)3., F.S.]
- b.** The applicant does not provide salespersons with or inform salespersons of any sales information or literature described in 14(a).
- 15.**  **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)3., F.S.]
- b.** The applicant does not send any written material to any prospective or actual purchaser.

16. 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: \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

17. 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.)

Name of Institution:	Name of Contact Person:
_____	_____
Telephone Number:	Account Number(s):
( _____ ) _____ - _____	_____
Physical Street Address (If applicable please include suite, apartment and/or unit numbers.): _____	
City:	State: Zip Code: _____ - _____

Name of Institution:	Name of Contact Person:
_____	_____
Telephone Number:	Account Number(s):
( _____ ) _____ - _____	_____
Physical Street Address (If applicable please include suite, apartment and/or unit numbers.): _____	
City:	State: Zip Code: _____ - _____

**LICENSING FEE - \$1,500**, Check or Money order made payable to FDACS.

**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

\_\_\_\_\_  
Email (optional)