

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**WILTON SIMPSON  
COMMISSIONER**

**GAME PROMOTION FILING PACKET**  
Section 849.094, Florida Statutes  
Rule 5J-14.003, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Game Promotion Filing Packet**

**Table of Contents**

Filing Instructions and Application Checklist ..... Page II

Registration Application ..... Pages 1 – 2

Statement of Trust Account ..... Page 3

Request for Waiver of Trust Account or Surety Bond ..... Page 4

Winners List ..... Page 5

If you have any questions, please contact the Department at 1-800-HELP-FLA (435-7352), (850) 410-3800, or via fax at (850) 921-8201.

## APPLICATION CHECKLIST AND INSTRUCTIONS

Florida law requires that you file your game promotion with this office at least seven (7) days prior to its commencement. However, it is recommended that you submit your application and associated documents as soon as possible so that we may assist you in resolving any potential problems.

- 1. Complete the Filing Application form; pages 1 and 2 of your application packet.
- 2. If your financial security is a trust account, execute the Statement of Trust Account form; page 3 of your application packet.
- 3. If your financial security is a surety bond, please submit an original to the department. A sample surety bond can be accessed online at [www.FDACS.gov](http://www.FDACS.gov).
- 4. If you wish to submit a waiver, check the box located on the top portion of page 2 and complete the Request for Waiver of Trust Account or Surety Bond on page 4 of your application packet.
- 5. Review the Rules and Regulations for the Game Promotion; verify that they are complete and in compliance with s. 849.094, F.S. Remember, rules and regulations must be filed seven (7) days prior to commencement and may not be modified thereafter.
- 6. Submit the filing fee in the form of a check or money order made payable to FDACS in the amount of \$100. The filing fee is non-refundable.
- 7. Attach the following to the Filing Application:
  - (a) Filing fee of \$100
  - (b) Original financial security
  - (c) Rules and Regulations
- 8. Review the entire application packet for accuracy and completeness.
- 9. **Mail application and attachments to:**
  - Florida Department of Agriculture and Consumer Services
  - P.O. Box 6700
  - Tallahassee, FL 32399-6700**Mail overnight packages to:**
  - Florida Department of Agriculture and Consumer Services
  - 407 S. Calhoun St., First Floor
  - Attention: Finance and Accounting
  - Tallahassee, FL 32399-0800

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**GAME PROMOTION  
FILING APPLICATION**

s. 849.094, Florida Statutes  
5J-14.003, Florida Administrative Code

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

Submit and Pay Online at:  
www.FDACS.gov

- or -

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

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this statement are subject to public review pursuant to Chapter 119, F.S. Filing Applications will not be considered complete until all required information and documents are received and reviewed by the Department of Agriculture and Consumer Services. It is recommended that you submit your application and appropriate documents as soon as possible so that we may assist you in resolving potential problems. Florida law requires that you file your game promotion with this office at least seven (7) days prior to its commencement. PLEASE TYPE OR PRINT.

**Operator Information**

Name of Promotion:

Promotion Dates:

____/____/____	<b>Beginning</b>	____/____/____	<b>Ending</b>
Month Day Year		Month Day Year	
____/____/____	<b>Drawing</b>	____/____/____	<b>Anticipated Date for Final Determination of Winners</b>
Month Day Year		Month Day Year	

Full Legal Name of Operator (Operator must be a retailer who operates a game promotion or any person, firm, corporation, organization, or association or agent or employee thereof who promotes, operates, or conducts a nationally advertised game promotion):

Product or Service to be Promoted:

Address of Operator:

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

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

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

Name of Operator's Contact Person:

Title of Operator's Contact Person:

Address of Operator's Contact Person:

City: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 001119 \$100.00

Every operator of a game promotion with the total announced value of the prizes offered is greater than \$5,000 shall establish a trust account, obtain a surety bond, or submit a waiver. Please provide information below for the document submitted. Complete and submit the appropriate form.

Please select One:

- Surety Bond      Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Trust Account      Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Request for Waiver of Surety Bond or Trust Account *(Please complete the Waiver on page 4). [s.849.094(4)(b), F.S.]*

As required by s. 849.094, F.S., please provide the number and description of all prizes included in the Game Promotion:

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Combined Value of Prizes Offered:

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**PROVIDE INFORMATION BELOW IF FILING APPLICATION WILL BE SUBMITTED BY SOMEONE OTHER THAN THE OPERATOR.**

Full Name of Company (Promoter/Administrator) Submitting Forms:

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

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

Relationship to Operator:

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Name of Contact Person:

Title of Contact Person:

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Address of Contact Person:

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City:

State:

Zip Code:

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

Telephone Number:

Email:

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

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I hereby certify that to the best of my knowledge this application is true and correct.

\_\_\_\_\_  
*Signature of Operator or Operator's Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

**NOTE: The Department shall not accept for filing a Game Promotion Statement of Trust Account which has not been completed by an official of the financial institution holding the trust account.**

**Game Promotion Statement of Trust Account**

Date: \_\_\_\_\_  
*Month / Day / Year*

This certificate evidences that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a trust account,  
number \_\_\_\_\_ was opened by \_\_\_\_\_  
*Full Legal Name of Operator*

at this financial institution, \_\_\_\_\_  
*Name of Financial Institution*

located at \_\_\_\_\_  
*Address of Financial Institution (Street - City - State - Zip Code)*      *Phone # Including Area Code*

for the Game Promotion entitled \_\_\_\_\_

commencing \_\_\_\_\_  
*Month / Day / Year*

This certificate evidences an account balance in the amount of \$\_\_\_\_\_. Pursuant to s. 849.094, F.S., funds cannot be withdrawn from this account without the written authorization of the Florida Department of Agriculture and Consumer Services.

Any false statement made on this form is a misdemeanor of the second degree and is punishable as provided in ss. 775.082 and 775.083, F.S.

\_\_\_\_\_  
*Name of Financial Institution*

\_\_\_\_\_  
*Signature of Financial Institution Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title of Signing Official*

**REQUEST FOR WAIVER OF TRUST ACCOUNT OR SURETY BOND**

To the best of my knowledge, the said operator has conducted game promotions in the state of Florida for not less than five (5) consecutive years, and has not had any civil, criminal or administrative action instituted against said operator by the state of Florida or any agency of the state for any violation of s. 849.094, F.S., within said five-year period.

Waiver of the trust account or bond provisions of s. 849.094(4)(b), F.S., is hereby requested for the game promotion entitled:

\_\_\_\_\_

which commences \_\_\_\_\_  
*Month / Day / Year*

\_\_\_\_\_  
*Name of Operator's Representative*

\_\_\_\_\_  
*Print Name of Operator's Representative*

Representative's address:

\_\_\_\_\_  
*Street – City – State – Zip Code*



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**SAMPLE WINNERS LIST**

s. 849.094, Florida Statutes

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

Return completed form to:  
FDACS  
Terry Lee Rhodes Building 2005  
Apalachee Parkway  
Tallahassee, FL 32399-6500

GP #: \_\_\_\_\_

Name of Promotion \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

To be completed, signed, and submitted no later than 60 days after winners are finally determined.

Winner's Name	Winner's Address	Prize Description	Prize \$ Value	Award Date

I, \_\_\_\_\_ | \_\_\_\_\_, hereby certify that to the best of my knowledge the above information is  
*Print Name* *Title*

true and correct and I further certify that I am an authorized representative of \_\_\_\_\_  
*Print Full Legal Name of Operator*

\_\_\_\_\_  
*Signature of Operator's Representative*

\_\_\_\_\_  
*Date Signed*