

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

COMMERCIAL TELEPHONE SELLER BUSINESS LICENSE APPLICATION



WILTON SIMPSON COMMISSIONER

Florida Telemarketing Act Sections 501.601 – 501.626, Florida Statutes Rule 5J-6.005, Florida Administrative Code

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 TC \_\_\_\_\_ 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. 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)

3. 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: \_\_\_\_\_ - \_\_\_\_\_

F & A Use

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

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. 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):

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.)

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? 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.

- c. Is this person involved in pending litigation or has this person had entered against him or her an injunction, a 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?  Yes  No
- 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. All salespersons must be separately licensed (see form FDACS-10005, Commercial Telephone Salesperson Individual License Application, Rev. 04/19). Use a separate sheet for each person.

Check the box to indicate that you have no salesperson(s) at the current time.

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.) [s. 501.606, F.S.]

<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>
_____	_____	_____ - _____	____ / ____ / ____
a. Has this person been convicted of, or 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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

d. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudged bankrupt, or been a  **Yes** principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any  **No** 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?

**Legal (True) Name:** \_\_\_\_\_ **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**

**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))

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

Questions numbered 12 - 16, check only "a," "b," or "c" (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.  a. The applicant informs prospective or actual purchasers that the purchaser is eligible to receive certain items which may be referred to as gifts, premium, bonuses, prizes, or otherwise, and **EACH** of the following apply: [s. 501.614, F.S.]

- The item(s) is/are offered unconditionally;
- The buyer has seven (7) days to return the goods or cancel services;
- The buyer will receive a full refund in thirty (30) days;
- The buyer has the right to keep the gift, premium, bonus or prize without cost.

b. If the applicant or applicant's salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes, or otherwise, list the following:

Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basis for valuation: \_\_\_\_\_

Price paid by applicant: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

c. Does not apply.

***(Attach additional sheets as necessary using the same format)***

16.  a. A purchaser receives all of the items described by applicant's salespeople. [s. 501.614(5), F.S.]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson:

- Applicant decides which item or items a particular prospective purchaser is to receive in the following manner:

\_\_\_\_\_

- The odds a single prospective purchaser has of receiving each item described is:

\_\_\_\_\_

- The name and address of each recipient who has during the preceding 12 months (or if applicant has not been in business that long, during the period applicant has been in business) received any gift, premium, bonus prize:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

***(Attach additional sheets as necessary using the same format)***

- c. Applicant does not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate.

- 17.  Attached and marked as Exhibit 5 is a copy of the written statement of terms and conditions provided to the purchaser. [s. 501.614(3), F.S.]

- 18. 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> <i>(if applicable please include suite, apartment and/or unit numbers):</i> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>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> <i>(if applicable please include suite, apartment and/or unit numbers):</i> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____

- 19. 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:** \_\_\_\_\_



20. Provide a brief description of product(s) sold and/or service(s) provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. IN ADDITION TO THE DOCUMENTS REQUIRED ABOVE, PLEASE INDICATE WHICH FORM OF SECURITY IN THE MINIMUM AMOUNT OF \$50,000 WILL BE USED.

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Surety Bond:                  | <input type="checkbox"/> enclosed | <input type="checkbox"/> on file with the department |
| <input type="checkbox"/> Irrevocable Letter of Credit: | <input type="checkbox"/> enclosed | <input type="checkbox"/> on file with the department |
| <input type="checkbox"/> Certificate of Deposit:       | <input type="checkbox"/> enclosed | <input type="checkbox"/> on file with the department |

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 commercial telephone seller or salesperson 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*

**TELEMARKETING SURETY BOND**

Florida Telemarketing Act  
Sections 501.601 – 501.626, Florida Statutes  
Rule 5J-6.005, Florida Administrative Code

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

Return completed form to:  
FDACS  
Telemarketing Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**Surety Bond Number:**

**Effective Date of Surety Bond:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**KNOWN ALL BY THIS PRESENT INSTRUMENT that we,**

**Principal (Applicant/Registrant)**

**Legal Name of Applicant** *(If applicant is not a natural person, state the legal name as registered with the Florida Department of State, Division of Corporations followed by fictitious/dba name):*

**Physical Street Address of Commercial Telephone Seller:**

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

**Mailing Address** (if different from above):

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

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

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

**Email Address:**

**AND**

**Surety**

**Legal Name** *(Full legal name of Surety):*

**Physical Street Address:**

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

**Mailing Address** (if different from above):

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

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

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

Bond # \_\_\_\_\_

which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the State of Florida, Department of Agriculture and Consumer Services, ("Obligee") in the sum of \$50,000.00 for the use and benefit of any consumer who is injured as a result of the fraud, misrepresentation, breach of contract, financial failure or violation of sections 501.601-501.626, F.S., the Florida Telemarketing Act, by the Principal in the Principal's capacity as a licensee under the Florida Telemarketing Act. This bond shall be amenable to and enforceable by and through administrative proceedings before the Department or through an action brought by an injured consumer or brought by the Department or any other governmental agency on behalf of an injured consumer. NOW, THEREFORE, the condition of this obligation is such that if the Principal complies with all duties and requirements of a licensee under the Florida Telemarketing Act, and shall not injure a consumer by fraud, misrepresentation, breach of contract, financial failure or violation of the Florida Telemarketing Act, as may be subsequently amended, then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

1. That the Obligee (state of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain the full name, city, and state where the Principal is located, and the commercial telephone seller license number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 day notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
4. This bond shall be subject to partial claims but, in no event shall the Surety be liable for a total amount greater than that shown above.

This bond is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**Principal**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature (Seal)*

\_\_\_\_\_  
*Witness*

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

\_\_\_\_\_  
*Full Legal Name of Principal (Applicant)*

**Surety**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature (Seal)*

\_\_\_\_\_  
*Witness*

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

**Local Agent**

\_\_\_\_\_  
*Name of Local Agent*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Contact Telephone Number*

**NOTE: The Department shall not accept for filing a Commercial Telephone Seller Irrevocable Letter of Credit by a bank whose deposits are not insured by an agency of the Federal Government**

**Commercial Telephone Seller Irrevocable Letter of Credit**

**Legal Name of Applicant** *(Legal name as registered with the Florida Department of State (if applicable) followed by fictitious/dba name):*

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**Physical Street Address of Commercial Telephone Seller:**

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

**Mailing Address** *(if different from above):*

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

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

**Email Address:**

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**Letter of Credit Number:** \_\_\_\_\_ **Date of Letter of Credit:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date of Expiration:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
*(Name of Issuer)* ("Issuer") does hereby establish this

Irrevocable Letter of Credit in the name of \_\_\_\_\_  
*(Legal name and complete address of registrant/licensee as registered with the Department)*

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("Principal"), in the aggregate amount of \$50,000 available by draft at sight, for the benefit of the Florida Department of Agriculture and Consumer Services ("Department"), pursuant to section 501.611, F.S. Drafts made under this Irrevocable Letter of Credit shall be marked "Drawn under Irrevocable Letter of Credit Number \_\_\_\_\_", and must be accompanied by any one of the following:

Written notice by the Department that the Principal failed to comply with all duties and requirements of a licensee under sections 501.601-501.626, F.S., the Florida Telemarketing Act, as may be subsequently amended, and/or has failed to pay its liabilities after such liabilities have been adjudged between Principal and a consumer, and a final order of the Department has been entered against Principal, copy of the final order being attached to such notice, **OR**

Written notice by the Department that the Principal failed to comply with all duties and requirements of a licensee under sections 501.601-501.626, F.S., the Florida Telemarketing Act, as may be subsequently amended, and/or has failed to pay its liabilities after such liabilities have been adjudged between Principal and a consumer in an action brought by the consumer or the Department or other governmental agency on behalf of the consumer, and a judgment of a court of competent jurisdiction has been entered against Principal, copy of the final judgment being attached to such notice, **OR**

Written notice by the Department that the Principal, after reasonable notice, failed to perform its obligations to any consumer under the terms of any agreement entered into by Principal in the capacity as a licensee under sections 501.601-501.626, F.S., the Florida Telemarketing Act, **OR**

Written notice by the Department that the Principal is insolvent or is no longer in active operation or is otherwise unable to meet its obligations to any consumer and that the Principal is not satisfying said obligations.

Partial draft by the Department is permitted and surrender of this Irrevocable Letter of Credit will not be required for endorsements in such event.

The Issuer guarantees all drafts made under and in compliance with this Irrevocable Letter of Credit will be honored when before \_\_\_\_\_ (*Date of Expiration*), or during any Irrevocable Period of extension of this Letter of Credit.

This Irrevocable Letter of Credit shall be in effect, without amendment, until the date set forth in the previous paragraph. This Irrevocable Letter of Credit automatically shall be extended for additional one (1) year periods, each commencing immediately upon the expiration of the prior period, unless at least ninety (90) days prior to the expiration date the Issuer notifies the Department in writing that the Issuer elects not to extend this Irrevocable Letter of Credit.

This Irrevocable Letter of Credit is governed by the following:

- A. The laws of the state of Florida, as amended subsequent to the effective date of this Irrevocable Letter of Credit, including without limitation Chapter 675, F.S., all other statutes, all other acts of the Florida Legislature, and all administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal;
- B. To the extent the following are not in conflict with Chapter 675, F.S., any other law of the State of Florida, or any administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal, the provisions of (*the Issuer may designate only one of the following conventions to the exclusion of the terms of the alternate; failure to so designate excludes all terms of the following*):

\_\_\_\_\_ International Standby Practices ISP 98 Publication 590

\_\_\_\_\_ Uniform Customs and Practice for Documentary Credits (2007 Rev.), ICC Publication 600.

Venue for any administrative proceeding or judicial action arising from this Irrevocable Letter of Credit, including any action to enforce its terms against the Issuer, shall be in Leon County, Florida.

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*Authorized Signature and Title of Financial Institution Officer*

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*Printed Name and Title of Authorized Officer*

**Authorization:** Attached and incorporated into this Irrevocable Letter of Credit is a true copy of the written designation, delegation, or other official authorization from the Issuer to the above-named Officer to execute this Irrevocable Letter of Credit as a binding obligation of the Issuer. **The Department shall not accept any Irrevocable Letter of Credit which does not include the foregoing authorization as an attachment.**

**NOTE: The Department shall not accept for filing a Commercial Telephone Seller Certificate of Deposit Assignment by a bank whose deposits are not insured by an agency of the Federal Government.**

**Commercial Telephone Seller Certificate of Deposit Assignment Form**

\_\_\_\_\_ (Legal name of applicant applying for Commercial Telephone Seller License), Assignor, does hereby assign, transfer, and set over unto the Florida Department of Agriculture and Consumer Services, 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 \$50,000, excluding interest payable thereon. This assignment is made as security pursuant to Sections 501.601-501.626, Florida Statutes, the Florida Telemarketing Act, for \_\_\_\_\_ (Legal Name and address of Commercial Telephone Seller) This assignment includes any substitution or renewals to the Certificate of Deposit described, is conditioned on Assignor's compliance with all duties and requirements of a licensee under sections 501.601-501.626, Florida Statutes, the Florida Telemarketing Act, as may be subsequently amended, and shall remain in effect until the Assignee renders its order of withdrawal authorizing Depository to disburse any amount remaining under the Certificate of Deposit.

Assignee is authorized to draw against the above Certificate of Deposit pursuant to the Florida Telemarketing 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 or any other party without prior written order 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 an order of final withdrawal is received from Assignee.

**Depository Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

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

**Name of Authorized Depository Officer:**

**Title of Authorized Depository Officer:**

\_\_\_\_\_  
*Signature of Authorized Depository Officer*

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