

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Application for Talent Agency Name or Location Change
Form # DBPR TA-3

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

| APPLICATION | APPLICATION REQUIREMENTS |
|---|--|
| Application for Talent Agency Name Change or Location Change | <input type="checkbox"/> Fee of \$25. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Completed form DBPR TA-3 Application for Talent Agency Name or Location Change. <input type="checkbox"/> Updated surety bond in the amount of \$5000. <input type="checkbox"/> Supporting legal documentation (if applicable). |
| Application for Talent Agency Mailing Address Change | <input type="checkbox"/> No fee. <input type="checkbox"/> Completed form DBPR TA-3 Application for Talent Agency Name or Location Change. |

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

This application is used only when the name and/or address of the licensed Talent Agency has been amended. The Department of State's Division of Corporations information must reflect this amended change. If a new business was created or any other changes are made please complete the application for initial licensure, TA-1.

1. General Requirements

- a. **Surety Bond:** Provide the enclosed surety bond form to a reputable bonding company authorized to do business in this state. The completed surety bond form must accompany the application. The bond shall be for the sum of \$5000.

2. Application Instructions (by section)

a. **Section I- Transaction Type**

- i. Select the transaction you wish to complete.

b. **Section II- Business Information**

- i. Complete this section entirely.
- ii. Provide the talent agency license number.
- iii. Provide the Federal Employer Identification Number (FEID) for the business.
- iv. Provide the new name of the Talent Agency as it is registered with the Florida Division of Corporations. If there is no name change provide the current name of the Talent Agency.
- v. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- vi. Select the box that indicates the type of business ownership for the talent agency.
- vii. Applicants must provide the business mailing address of the talent agency.
- viii. Provide the business location address of the talent agency. This must be a physical location and not a post office box. If the physical location is the same as the mailing address, you may leave this information blank.
- ix. Provide business contact information. Contact information is often used to quickly resolve questions with applications by telephone call or email.

c. **Section III - Affirmation by Written Declaration**

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at **(850) 487-1395**.

Section I- Transaction Type

| TRANSACTION TYPE | | | |
|---|---|--|---|
| <input type="checkbox"/> Talent Agency Name Change [4901/3021] | <input type="checkbox"/> Talent Agency Location Change [4901/3024] | <input type="checkbox"/> Talent Agency Mailing Address Change [4901/9006] | <input type="checkbox"/> Change of Name and Location [4901/3021] |

Section II- Business Information

| BUSINESS INFORMATION | | | |
|--|--|----------------------------|------------------------|
| License Number | | Federal Employer ID Number | |
| Business Name (New or current, if no change) | | | |
| Doing Business As (D/B/A) Name | | | |
| Business Type: (Select ONE only) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other | | | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |
| BUSINESS LOCATION ADDRESS | | | |
| Street Address | | | |
| | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |
| CONTACT INFORMATION | | | |
| Contact Name: | | | |
| Primary Phone Number | | Primary E-Mail Address | |

Section III – Affirmation By Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|---|-------|
| I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license. | |
| Signature: | Date: |
| Print Name: | |

**State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Talent Agency Bond Form**

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TALENT AGENCY BOND

To be filed with the Department of Business and Professional Regulation, State of Florida. KNOW ALL PERSONS BY THESE PRESENT, that we _____ (Principal - Name of Talent Agency) a/an _____ (Individual, Partnership or Corporation), with a business located at _____

are held and firmly bound unto the State of Florida, Department of Business and Professional Regulation, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.

WHEREAS, the above bound Principal, having applied to the Department of Business and Professional Regulation for a license to operate as a talent agency in accordance with the laws of the State of Florida, and

WHEREAS, a license is required to engage in business as a talent agency:

It is a condition of this bond that the said Principal is to comply with all the laws and regulations governing the acts of talent agencies in Florida and a further condition of this obligation is that the Principal and Surety to this bond shall be subject to suit by action thereon by any person who shall sustain actionable injuries or loss or damage, including reasonable costs and attorney's fees, by the conduct on the part of the Principal, and it shall be for the purpose of indemnifying any person injured or damaged or who may suffer loss, due to any wrongful act of the Principal, his agents, or employees.

Regardless of the number of years this bond remains in force or the number of premiums paid, and regardless of the number or amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of the bond.

The inception date of this bond **begins** on _____, 20_____, and this bond continues in effect until May 31 of the next even numbered year. The surety bond filed with the Department must reflect the effective date until May 31st of an even year.

The Surety may, at any time, cancel or not renew this bond by giving thirty (30) days written notice by registered mail to the Department of Business and Professional Regulation Talent Agencies Office. The Surety shall, however, remain liable for any defaults under this bond committed prior to the expiration of such thirty (30) day period.

Signed, sealed and dated this _____ day of _____, 20_____.

Witness:

Principal:

Witness to Principal's Signature

Name of Talent Agency

By _____
(Signature must agree with owner's signature on application)

Countersigned

Surety Company

By _____
Agent of Surety Company

By _____
Attorney-in-fact (Signature)

Information Needed from the Insuring Agency (Please Type)

Name of Agency: _____

Address: _____

FEID #: _____

Telephone Number: _____

Bond Number Assigned: _____