

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

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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.
- ☐ 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
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:

____/____/____ **Beginning**
Month Day Year

____/____/____ **Ending**
Month Day Year

____/____/____ **Drawing**
Month Day Year

____/____/____ **Anticipated Date for
Final Determination of
Winners**
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:

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:

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

_____ - _____

Relationship to Operator:

Name of Contact Person:

Title of Contact Person:

Address of Contact Person:

City: _____

State: _____

Zip Code: _____ - _____

Telephone Number:

Email:

(_____) _____ - _____

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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Division of Consumer Services

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