

**State of Florida**  
**Department of Business and Professional Regulation**  
**Division of Professions: Talent Agencies**  
**Application for Change of Owner or Operator**  
**Form # DBPR TA-2**

**APPLICATION CHECKLIST – IMPORTANT –** Submit items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

APPLICATION	APPLICATION REQUIREMENTS
<b>Application for Change of Owner or Operator</b>	<input type="checkbox"/> Fees: <ul style="list-style-type: none"> <li>- \$300 fee for change of owner.</li> <li>- \$150 fee for change of operator.</li> <li>- \$450 fee for change of owner and operator.</li> <li>- Make check payable to the Florida Department of Business and Professional Regulation.</li> </ul> <input type="checkbox"/> Completed form DBPR TA-2 Application for Change of Owner or Operator. <input type="checkbox"/> Electronic fingerprints for all new owners and/or operators. <input type="checkbox"/> If changing owner, provide five (5) moral character affidavits for new owner. <input type="checkbox"/> If changing operator, provide operator work experience form for new operator. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section 2(f) of Instructions.
<b>Removal of Owner Only</b>	<input type="checkbox"/> No fee. <input type="checkbox"/> Completed form DBPR TA-2 Application for Change of Owner or Operator.

**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 for a licensed Talent Agency whose operator and / or owner only has changed. The name and location of the Talent Agency must remain the same. If the name and or / location has also changed, please complete initial application for licensure packet TA-1.

**1. General Requirements for Licensure as a Talent Agency**

**a. Fingerprints:**

- i. Each new owner of the talent agency and each new operator of the talent agency must submit electronic fingerprints.
- ii. Electronic fingerprinting is available at various convenient sites throughout the state. See [http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger\\_faq.pdf](http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf) for more information.
- iii. If the talent agency is owned by a corporation, the applicant must submit the electronic fingerprints of the new principle officer signing the application form and surety bond, along with the electronic fingerprints of the operator of the talent agency.
  - (1) An updated bond form with the signature of the new principle officer is required if the principle officer signing the original bond form has changed.

**b. Experience:** The operator of the talent agency must show at least one (1) year of direct experience or similar experience in the talent agency business or as a subagent, casting director, producer, director, advertising agency, talent coordinator, or musical booking agent.

**c. Character Affidavits:** Provide five (5) moral character affidavits or if a corporation, affidavits that state that the corporation has a reputation for fair dealings. Affidavits cannot be accepted from a family member or an artist as defined in Chapter 468, Part VII, Florida Statutes. The

affidavits must be completed by a person who has known or been associated with the applicant for at least three (3) years.

## 2. Application Instructions (by section)

### a. Section I- Application Type

- i. Select the application type for which you are applying.

### b. Section II- Business Information

- i. Complete this section entirely.
- ii. Provide the name of the Talent Agency as it is registered with the Florida Department of State's Division of Corporations.
- iii. 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.
- iv. Provide the Federal Employer Identification Number (FEID) for the business.
- v. Provide the Talent Agency license number.
- vi. Select the box that indicates the type of business ownership for the talent agency.
- vii. Provide business contact information. The operator's information should be used for contact name. Contact information is often used to quickly resolve questions with applications by telephone call or email.

### c. Section III- Operator Information

- i. Provide the name, Social Security number, telephone number and email address for the operator of the talent agency.

### d. Section IV- Ownership Information

- i. **This section should only be completed to update new or remove old ownership.**
- ii. List all persons with an ownership stake in the business that is greater than or equal to 10%. This includes partners, associates, and profit managers who hold a financial interest in the talent agency. If owned by a corporation, provide the name and percent of ownership for the corporation(s) having ownership. Per Section 559.79, Florida Statutes.
- iii. If the talent agency is operating as a corporation or limited liability corporation, provide the name, title, Social Security number, and address for each officer, director, chief executive officer, or other person who is able to directly or indirectly control the operation of the talent agency.
- iv. The "removal of owner" section should only be completed if a Talent Agency has more than one owner and desires to remove, rather than replace, a previous owner. If an owner is being removed and replaced with a new owner, all sections of the application should be completed.

### e. Section V- Applicant Information

- i. **All NEW owners and operators of the talent agency must complete sections V, VI, and VII.**
- ii. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- iii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the Prior Name information section.
- iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- vi. Applicant's addresses are used only for Department purposes and will not be printed on the license.
- vii. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- viii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- ix. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

f. **Section VI (a), (b), and (c)- Background Questions**

- i. Applicants must submit answers to each of the background questions.
- ii. Question 1:
  - (1) If you answer "Yes" to this question, you must complete Section VI (b) of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the Clerk of Court for the relevant jurisdiction stating the status of records is required.
  - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- iii. Question 2:
  - (1) If you answer "Yes" to this question, you must complete Section VI (c) of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iv. Question 3:
  - (1) If you answer "Yes" to this question, you must complete Section VI (c) of the application and supply copies of documentation explaining the denial or pending action.
- v. Question 4:
  - (1) If you answer "Yes" to this question, you must complete Section VI (c) of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

g. **Section VII- 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.

**State of Florida**  
**Department of Business and Professional Regulation**  
**Division of Professions: Talent Agencies**  
**Application for Change of Owner or Operator**  
**Form # DBPR TA-2**

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.  
**For additional information see the Instructions at the beginning of this application.**

**Section I- Application Type**

APPLICATION TYPE			
<input type="checkbox"/> Change of Owner [4901/3022]	<input type="checkbox"/> Change of Operator [4901/3023]	<input type="checkbox"/> Change of Owner and Operator [4901/3022/3023]	<input type="checkbox"/> Removal of Owner [4901/9006]

**Section II- Business Information**

BUSINESS INFORMATION	
Business Name	
Doing Business As (D/B/A) Name	
Federal Employer ID Number	License Number
Business Type:(Select ONE only) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
CONTACT INFORMATION	
Contact Name:	
Primary Phone Number	Primary E-Mail Address

**Section III – Operator Information**

OPERATOR INFORMATION			
Last Name	First	Middle	Suffix
Social Security Number*		Phone Number	
E-Mail Address			

**Section IV – Ownership Information**

BUSINESS OWNERSHIP	
Please list all persons with ownership greater than or equal to 10%. This includes partners, associates, and profit managers who hold a financial interest in the talent agency. If owned by a corporation, provide the name and percent ownership for the corporation(s) having ownership.	
Name	% Ownership
1.	
2.	
3.	
4.	
5.	

**Section IV – Ownership Information – Continued**

<b>CORPORATIONS OR LLCs ONLY</b>		
<b>Please provide the following information for each Officer, Director, Chief Executive or other person who is able to directly or indirectly control the operation of the talent agency.</b>		
1. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
2. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
3. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
4. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
5. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)

**Section IV – Ownership Information – Continued**

<b>REMOVAL OF OWNER</b>	
<b>Please list all current owners who you wish to remove. PLEASE NOTE: This section is only applicable if a Talent Agency has more than one owner and should only be completed if an owner is being removed and not being replaced. If an owner is being removed and replaced with a new owner, all sections of this application should be completed.</b>	
<b>Name of owners being removed</b>	<b>% Ownership</b>
1.	
2.	
3.	
4.	
5.	
<b>List new ownership percentages</b>	<b>% Ownership</b>
1.	
2.	
3.	
4.	
5.	

**Section V – Applicant Information**

**All NEW owners and operators of the talent agency must complete the following sections.**

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last Name	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

**Section V – Applicant Information – Continued**

<b>PRIOR NAME INFORMATION</b>			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last Name	First	Middle	Suffix
Last Name	First	Middle	Suffix
Last Name	First	Middle	Suffix

**Section VI(a) –Background Questions**

<b>BACKGROUND QUESTIONS</b>	
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(f) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section VI (b) for your response to question 1, and complete Section VI (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section VI (b) or (c), attach additional pages as necessary.

**Section VI (b) – Explanation(s) for Background Question 1**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section VI (c) – Explanation(s) for Background Questions 2 through 4**

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

**Section VII – 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**  
**Moral Character Affidavit**

*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.*

**A change of owner requires five (5) Moral Character Affidavits to be completed.** Make additional copies as necessary.

MORAL CHARACTER AFFIDAVIT		
I, _____, verify that I am not an artist as defined in Chapter 468.401(8), Florida Statutes, and state that I have known _____, applicant for a license to do business as a talent agency in _____ in the <div style="text-align: center; font-size: small;">(Municipality or County)</div> State of Florida, for at least three (3) years; and, that said applicant is a person of good moral character or, in the case of the applicant being a corporation, that said corporation has a reputation for fair dealing.		
Street Address _____		
City _____	State _____	Zip Code _____
Notarized Signature of Person Affirming Good Moral Character: _____		
Date: _____		
STATE OF _____		
COUNTY OF _____		
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ <div style="text-align: right; font-size: small;">(Name of person making statement)</div>		
(Notary Seal)	_____ <div style="font-size: small;">(Signature of Notary Public-State of _____)</div>	_____ <div style="font-size: small;">(Name of Notary; typed, printed, or stamped)</div>
Personally known _____ OR produced identification _____		
Type of identification produced _____		

**State of Florida  
 Department of Business and Professional Regulation  
 Division of Professions: Talent Agencies  
 Work Experience Form**

*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.*

If you are self-verifying your experience you must include details of all jobs performed that fall under related experience per Florida Statute 468.403. A person cannot self-verify experience, if they were previously operating an unlicensed Talent Agency. Self-verification of experience may require your application to be sent to the Talent Agency Office for further review.

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

CURRENT OR FORMER EMPLOYMENT VERIFICATION (DUPLICATE FORM AS NECESSARY)		
Employing Agency/Company Name:		
Agency/Company Address:		
City:	State:	Zip:
Date Employed: From:	To:	Agency/Company Phone Number (     )
Supervisor of Applicant:		
Position of Applicant: Give a <b>“detailed description”</b> of the applicant’s duties, including any hands-on supervisory responsibilities:		
By signing this statement, I attest that the information provided is true and accurate.		
Name and Title of Person Verifying Employment (please print or type)	Signature	Date