

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**BUSINESS OPPORTUNITY
DISCLOSURE FILING PACKET**
Chapter 559, Part VIII, Florida Statutes
5J-10.006

Florida Department of Agriculture and Consumer Services
Business Opportunity Disclosure Filing Packet

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If you have any questions regarding the Sale of Business Opportunities Act, please contact the Department toll-free at 1-800-HELP-FLA (435-7352), (850) 410-3800 or via email at cswbmaster@doacs.state.fl.us.

INSTRUCTIONS

General Information

All registrations are valid for one year, beginning the day the Advertisement Identification Number (AIN) is issued, unless suspended or revoked for cause. Continued operation with an expired registration will result in legal action by the Department which may include injunctive relief, order to cease and desist, and civil or administrative fines of up to \$5,000 per violation. Each sale or attempted sale may be considered a separate violation.

Violation of this law is a third degree felony punishable by five years imprisonment or a \$5,000 fine, or both. Purchasers may also make civil claims, in law or equity, and be awarded reasonable attorney's fees if successful. Filing a disclosure by a seller shall not in any way indicate approval, certification, or endorsement of the seller's business by the State of Florida.

Upon completion of the filing, the seller will receive an advertisement identification number which should be presented to any publisher in Florida when advertising is placed by the seller. Florida law requires that the filing must be updated whenever any material change in the required information occurs, within thirty days after the change.

CHECKLIST

Item # 1:

If the applicant is not an individual, provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the organization operates under any other names, provide those names in the spaces listed. Attach a separate sheet if necessary. **Corporate, LLC, Partnership, and Fictitious Names are verified with the State Division of Corporations and must match the name exactly as filed.**

Item # 2:

Provide the principal physical location from which you will be doing business. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the applicant's street address, provide that address as well. **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.**

Item # 3:

You must provide a primary telephone number, including the area code, for the business. Also, provide the address for electronic mail and web site if used to provide information to or communicate with the public.

Item # 4:

Provide the applicant's Advertisement Identification Number (AIN).

Item # 5:

Provide the applicant's federal employer identification number. **Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).**

Item # 6:

Select type of organization (or legal form of business), and when and where the business was legally established.

Item # 7:

List true name, title, home and business address, phone number, driver's license number and state, and date of birth of all officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with the responsibility for the applicant's business activities relating to the sale of business opportunities.

Item # 8:

Answer yes or no, if yes then you must provide a security.

REQUIRED DOCUMENTS

1. A Copy of the Contract

This is the sales contract ordinarily used by the applicant. It must include:

- a. An approximate delivery date of product, equipment or supplies (s. 559.811, F.S.).
- b. The principal business address of the seller and its agent for the service of legal process (s. 559.811, F.S.). The agent must be either a Florida resident or a corporation authorized to accept service in Florida.
- c. Prominent display of the Advertising Identification Number issued by the Florida Department of Agriculture and Consumer Services.

2. If you answered 'yes' in response to question 7, you must provide a security in the amount of \$50,000 or greater, acceptable forms of security are: A) Surety Bond B) Letter of Credit C) Certificate of Deposit

The security must be issued by a company authorized to transact business in this state. The security must remain in effect as long as the registration is in effect. The security is renewed **ANNUALLY**. Sample surety documents can be accessed online at www.800helpfla.com.

3. A Disclosure Statement

This is a statement showing the nature of the business, its history (especially with regard to bankruptcy, litigations, etc.) and any promises made regarding training, assistance and prior sales.

A listing of all authorized independent agents must be included with the disclosure.

A Federal Trade Commission (FTC) or Uniform Franchise Offering Circular (UFOC) disclosure document may be submitted in lieu of the disclosure. However, the "Florida cover sheet" must follow the FTC or UFOC cover sheet. The Florida cover sheet must contain only the language prescribed by Florida law. An Index Page must immediately follow the cover sheet.

Disclosure Requirements

If you make any changes to these documents they must be submitted to the Department for approval prior to the sale of any business opportunity.

- (1) Florida Cover Sheet *s.559.803, F.S.*
- (2) Index Page *s.559.803, F.S.*
- (3) Name of Seller *s.559.803(1), F.S.*
- (4) Address of Seller *s.559.803(2), F.S.*
- (5) Length of Time Sold *s.559.803(3), F.S.*
- (6) Full Description of Services *s.559.803(4), F.S.*
- (7) Financial Statement *s.559.803(5), F.S.*
- (8) Specify Any Training Cost *s.559.803(6), F.S.*
- (9) Promises or Guarantees of Services made by the seller *s.559.803(7), F.S.*
- (10) Security Requirements *s.559.803(8), F.S.*
- (11) 45-Day Delivery Statement *s.559.803(9), F.S.*
- (12) Earnings Claims made by the seller *s.559.803(10), F.S.*
- (13) Litigation Statement *s.559.803(12), F.S.*
- (14) Bankruptcy Statement *s.559.803(13), F.S.*
- (15) A listing of all authorized independent agents.

Any sales of business opportunities must cease immediately until registered or exempted.

PAYMENT / APPLICATION FEE

Send completed application and a check or money order in the amount of \$300.00, made payable to:

FDACS
Division of Consumer Services
Attn: Business Opportunity Program
P.O. Box 6700
Tallahassee, FL 32399-6700

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**FILING APPLICATION
FLORIDA BUSINESS OPPORTUNITY**

Chapter 559.805, Florida Statutes
5J-10.006

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order payable
and remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. **All fees are non-refundable.**

BUSINESS INFORMATION s.559.805(1), F.S.

1. Business Name (If entity is not an individual, state the legal name of business as listed with the Florida Division of Corporations):

Fictitious (DBA) Name (if applicable, as filed with the Florida Division of Corporations):

Date Registered:

____ / ____ / ____
Month Day Year

Fictitious (DBA) Name (if applicable, as filed with the Florida Division of Corporations):

Date Registered:

____ / ____ / ____
Month Day Year

Fictitious (DBA) Name (if applicable, as filed with the Florida Division of Corporations):

Date Registered:

____ / ____ / ____
Month Day Year

All fictitious names must be registered with the Florida Division of Corporations. If business is a corporation then "Name" is the legal name of the business as listed with the Florida Division of Corporations. You must list all names under which you intend to do business.

2. Principal Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

City:

State:

Zip Code:

Mailing Address (if different from above):

City:

State:

Zip Code:

3. Telephone Number:

(____) _____ - _____

Fax Number:

(____) _____ - _____

Email Address:

Website:

4. Advertisement Identification Number (AIN):

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

Org Code: 42100603000
EO: A2
Object Code: 001103 \$300.00

6. Form of organization:

Corporation LLC Partnership Sole Proprietorship

Other (please describe): _____

Date incorporated or legally established: _____ / _____ / _____ State: _____ Charter (Document)#: _____
Month Day Year

If foreign (out of state corporation/entity), date registered with the Florida Division of Corporations: _____ / _____ / _____
Month Day Year

7. List all officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with the responsibility for the seller's business activities relating to the sale of business opportunities. [s.559.805(2), F.S.] **Every seller of a business opportunity shall file with the department a list of independent agents who will engage in the offer or sale of business opportunities on behalf of the seller in this State. This list must be kept current (you must submit attached form for each independent agent prior to allowing them to sell on your behalf. (attach a separate sheet if necessary): [s.559.805(1), F.S.]**

Name: _____	Title: _____	Employer: _____
Residence Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Business Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	Email: _____	
Date of Birth: _____ / _____ / _____	Driver's License Number: _____	State of Issue: _____

Name: _____	Title: _____	Employer: _____
Residence Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Business Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	Email: _____	
Date of Birth: _____ / _____ / _____	Driver's License Number: _____	State of Issue: _____

Name: _____	Title: _____	Employer: _____
Residence Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Business Address: _____	City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	Email: _____	
Date of Birth: _____ / _____ / _____	Driver's License Number: _____	State of Issue: _____

8. Do you make any representations set forth in s.559.801(1)(a)3?

Yes* No * If yes, please see the security requirements below.

Attach the following documents and initial verifying that the information provided is complete:

_____ Copy of Contract

_____ Licensing and Application Fee (\$300.00 – check or money order made payable to: FDACS)

SECURITY REQUIREMENTS

****If you answered 'yes' in response to question 7, you must provide a security bond as follows:**

_____ N/A

_____ Security in the amount of \$50,000 – acceptable forms of security are:

Surety Bond

Letter of Credit

Certificate of Deposit

The security must be an original document issued by a company authorized to transact business in this State. The seller of the business opportunity must maintain the security in effect as long as the registration is in effect. The security is renewed ANNUALLY.

DISCLOSURE REQUIREMENTS

If you make any changes to these documents they must be submitted to the Department for approval prior to the sale of any business opportunity.

____(1) Florida Cover Sheet s.559.803, F.S.

____(2) Index Page s.559.803, F.S.

____(3) Name of Seller s.559.803(1), F.S.

____(4) Address of Seller s.559.803(2), F.S.

____(5) Length of Time Sold s.559.803(3), F.S.

____(6) Full Description of Services s.559.803(4), F.S.

____(7) Financial Statement s.559.803(5), F.S.

____(8) Specify Any Training Cost s.559.803(6), F.S.

____(9) Promises or Guarantees of Services made by the seller s.559.803(7), F.S.

____(10) Security Requirements s.559.803(8), F.S.

____(11) 45-Day Delivery Statement s.559.803(9), F.S.

____(12) Earnings Claims made by the seller s.559.803(10), F.S.

____(13) Litigation Statement s.559.803(12), F.S.

____(14) Bankruptcy Statement s.559.803(13), F.S.

____(15) Statistical Information s.559.803(11)(a),(b)

The person completing the application must sign and attest to the following:

1. I _____ have completed this Registration Statement;
(Name of person completing the registration)
2. This Registration Statement is made for the purpose of complying with the provisions of the Florida Sale of Business Opportunities Act;
3. I certify that this applicant is aware of and complies with all of the requirements of ss. 559.80-559.815, F.S.; and
4. I am authorized to complete the application and the information provided is true and accurate to the best of my knowledge.

Signature

Date

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**INDEPENDENT AGENT
FLORIDA BUSINESS OPPORTUNITY**

s. 559.805, Florida Statutes

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Return completed form to:

FDACS
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32399-6700

Use a separate form for each independent agent. Forms must be submitted prior to the time the independent agent begins selling on your behalf.

**Submitted by: _____ AIN: _____

Name of Independent Agent: _____

Home Address (include Suite or Apt): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: ____ / ____ / ____

Present Employer:

Address: _____

City: _____ State: _____ Zip: _____

****Name of business *EXACTLY* as filed with the Department as a Seller of Business Opportunities.**

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**MATERIAL CHANGE FORM
FLORIDA BUSINESS OPPORTUNITY**

s. 559.805(1), Florida Statutes

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order
payable and remit application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

Section 559.805(1) and (5), F.S., requires every seller of a business opportunity to notify the Florida Department of Agriculture and Consumer Services of any changes in information which was submitted as a condition for registration within 30 days after such change is made and submit a fee of \$50 for every update filing.

INSTRUCTIONS

Please attach a photocopy of the original information which was submitted and indicated the changes in the space provided below. Attach additional pages to this form as necessary. Please utilize the same format. You must enclose a \$50.00 check or money order made payable to Florida Department of Agriculture and Consumer Services. **All fees are non-refundable.**

Name (*EXACTLY as filed with the Department of Agriculture and Consumer Services*):

Form Name you Wish to Change:

Form Number of Information You Wish to Change:
(see bottom left corner of form)

Page #:
(see bottom left corner of form)

Item #:
(number of question)

Subsection:
(if applicable)

DACS – 10 _ _ _

Revised Information:

Your Advertisement Identification Number (AIN):

Org Code: 42100603000
EO: A2
Object Code: 001103 \$50.00