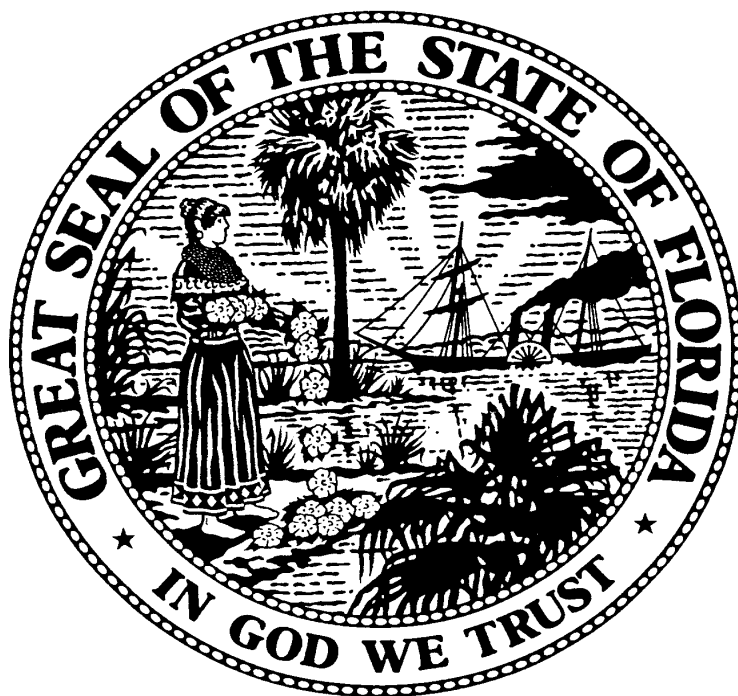


**FLORIDA DEPARTMENT OF AGRICULTURE AND  
CONSUMER SERVICES**



**ADAM H. PUTNAM  
COMMISSIONER**

**PAWNBROKING  
REGISTRATION APPLICATION**

Chapter 539.001, Florida Statutes  
5J-13.002

Florida Department of Agriculture and Consumer Services  
**Florida Pawnbroker Application**

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## FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

### Pawnbroking Registration Application

Effective October 1, 1996, Chapter 539, Florida Statutes, The Florida Pawnbroking Act, requires any person operating as a pawnbroker to annually obtain a license from the Department of Agriculture and Consumer Services. Pawnshops are also required to use a pawnbroker transaction form that contains specific information as required by Section 539.001(8), Florida Statutes.

It is a violation of the Florida Pawnbroking Act for any person to engage in the business of making pawns without first obtaining a license from the Department. Failure to comply with this law will subject violators to injunctive and other appropriate civil or criminal relief, including fines up to \$5,000 per violation. In addition, you must show proof of licensure from the Department prior to obtaining or renewing your local occupational license.

The annual license fee is \$300 **per location**. In addition, there is a \$45.25 background investigation fee for each Principal in the business. Principals are: every owner or beneficial owner of at least 10% of the business, partner, officer, or director. Please return to the Department: **(1)** the application; **(2)** \$300 filing fee plus \$45.25 background investigation fee and a set of fingerprints for **each** Principal; **(3)** proof of a net worth of at least \$50,000, or an original surety bond, letter of credit, or certificate of deposit in the amount of \$10,000 for each license; and **(4)** the actual pawnbroker transaction form to be approved by the department.

A sample surety bond, an irrevocable letter of credit, and a certificate of deposit can be accessed online at [www.800helpfla.com](http://www.800helpfla.com). A balance sheet to submit your assets and liabilities (if submitting a personal income tax return) is included in the application package. The pawnbroker transaction form to be used by your business must be submitted to the Department for review and approval prior to use. This form must also include the name and address of the pawnshop. To obtain a fingerprint card, contact the Department at 1-800-HELP-FLA (435-7352), or (850) 410-3800.

If you have any questions, please contact the Department at 1-800-HELP-FLA (435-7352), or (850) 410-3800 or via facsimile at (850) 410-3804, or the pawn detail of your local law enforcement agency.

#### APPLICATION CHECKLIST AND INSTRUCTIONS

**Item #1**

Provide the legal name of the applicant **exactly** as it appears in its articles of incorporation document. If using a fictitious name (DBA), provide that name also. **Note: Corporate, LLC, and Fictitious Names are verified with the State Division of Corporations and must match the name exactly as filed.**

**Item #2**

Provide the principal street address for the applicant. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: 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 pawnshop.**

**Item #3**

You must provide a primary telephone number, including the area code, for the applicant. Also, provide a fax number, email address, and website if used to provide information to or communicate with the public.

**Item #4**

Provide the name, title, address, and telephone number of the designated contact person.

**Item #5**

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

**Item #6**

Answer by checking appropriate box and provide form and address of applicant.

**Item #7**

Provide the name and address of each direct or beneficial owner of at least 10%; the person in charge of daily operations and if corporation, all corporate officers, partners, directors, and registered agents. Indicate the percentage of ownership (total of ownership must equal 100%). Please indicate if any of the individuals listed have been convicted of, entered a plea of guilty or nolo contendere to, had adjudication withheld or been incarcerated for crime within the last 10 years. Please make a selection and provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, and the date of disposition.

**Item # 8**

Provide the law enforcement agency that collects your pawnbroker transaction forms, including their contact information.

**Item # 9**

Answer as directed by checking appropriate box.

**Item # 10**

The application must be signed and notarized by an official Notary Public.

### OTHER REQUIRED DOCUMENTS AND FEES

**In order to process your application as quickly as possible, and avoid costly delays, please verify that all items listed below are included prior to sending:**

- \$300 fee **for each location** (Make check or money order payable to FDACS). All fees are non-refundable.
- Fingerprint card and a \$45.25 fee for **each** operator and manager; each individual with at least 10 percent (10%) ownership; and all officers and directors if a corporation (Make check payable to the Florida Department of Agriculture and Consumer Services). All fees are non-refundable.
- Original Copy** of the pawnbroker transaction form with name and address of pawnshop.
- Security Requirement; choose any **one** of A, B, C, or D. If ownership is corporation, all documents must be titled in the name of the corporation.
  - A.** Any applicant claiming to have a net worth of \$50,000 or more shall file with the department, at the time of applying for a license, the following documentation: *[539.001(4)(b)]*
    - A current financial statement prepared by a Florida certified public accountant; **OR**
    - An affidavit stating the applicant's net worth is at least \$50,000 (see page 9), accompanied by supporting documentation; **OR**
    - If the applicant is a corporation, a copy of the applicant's most recently filed federal tax return (first four pages, including schedule L).
  - B.** Submit \$10,000 original Surety Bond for each location on the form. *[539.001(4)(a)2]*
  - C.** Submit \$10,000 original Irrevocable Letter of Credit for each location.
  - D.** Submit \$10,000 original Certificate of Deposit and Assignment Form for each.

### IMPORTANT

Please submit everything listed above (completed notarized application; \$300 check or money order per location, made payable to the FDACS; Fingerprint card(s) and a \$45.25 fee per person) to:

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

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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COMMISSIONER

**PAWNBROKING  
REGISTRATION APPLICATION**

Section 539.001, Florida Statutes  
5J-13.002

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

**PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. This application will be returned if it does not bear an authorized signature or is incomplete. All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.**

**Business Information**

**Please Select one:**     New Filing     Renewal PN#: \_\_\_\_\_     Change of Owner

**Do you currently hold a Florida Pawn License at another location?**

Yes     No    **If yes,** please provide the PN number for **ONE** of your other locations: \_\_\_\_\_

**1. Name** (If applicant is not an individual, state legal name as registered with the Florida Department of State):

**\* Fictitious (DBA) Name (if applicable):**

*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

**2. Business Street Address** (include APT or SUITE # in all address lines):

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

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

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

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

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**4. Name of Contact Person:** \_\_\_\_\_ **Title of Contact Person:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

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

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

**5. Federal Employer ID #:** \_\_\_\_\_ **Florida Sales Tax ID:** \_\_\_\_\_

Org Code: 42 10 06 10 000  
EO: A2  
Object Code: 001230                      \$300.00  
Object Code: 004156                      \$45.25

## Ownership

**6. Form of organization:**

- Corporation: \_\_\_\_\_  
Corporation name as registered with the Florida Department of State
- Sole Proprietor: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name MI.
- Partnership: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name MI.
- Other: \_\_\_\_\_  
Please Describe

<b>Owner's Street Address</b> <small>(If Sole Proprietor, state address of residence):</small> _____ <b>City:</b> _____ <b>State:</b> <b>Zip Code:</b> _____ - _____ <b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Owner's Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> <b>Zip Code:</b> _____ - _____ <b>Email Address:</b> _____
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**7.** Please list the name and address of each direct or beneficial owner of at least 10%; the person in charge of daily operations and if corporation, all corporate officers, partners, directors, and registered agents. Please indicate whether any of the individuals listed below have been convicted of, entered a plea of guilty or nolo contendere to, had adjudication withheld for, or been incarcerated for a crime within the last 10 years. Please indicate if any of the individuals listed below acting as a beneficial owner for someone who has been convicted of, entered a plea of guilty or nolo contendere to, had adjudication withheld or been incarcerated for crime within the last 10 years? *[s. 539.001(4)(a)1, 3-4, F.S.]*

Mark YES or NO. If yes, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, and the date of disposition.

<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ <b>City:</b> <b>State:</b> _____ <b>Zip Code:</b> <b>Ownership:</b> _____ - _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ <b>City:</b> <b>State:</b> _____ <b>Zip Code:</b> <b>Ownership:</b> _____ - _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ <b>City:</b> <b>State:</b> _____ <b>Zip Code:</b> <b>Ownership:</b> _____ - _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ <b>City:</b> <b>State:</b> _____ <b>Zip Code:</b> <b>Ownership:</b> _____ - _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Law Enforcement Information**

**8. Police Department:**

**Contact Person:**

Telephone Number:

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

Email Address:

\_\_\_\_\_

**Sheriff's Office:**

**Contact Person:**

Telephone Number:

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

Email Address:

\_\_\_\_\_

**Type of Security Provided**

**9. Type of Security** (please check one and select location of security):

- Surety Bond:**
  - original enclosed
  - on file with the Department
- Irrevocable Letter of Credit:**
  - original enclosed
  - on file with the Department
- Certificate of Deposit:**
  - original enclosed
  - on file with the Department
- Net worth of at least \$50,000, no security required:**

**Corporation:** Include a copy of the most recently filed federal tax return. [s. 539.001(4)(b)3]

**Personal/Sole Proprietor:** Include a current financial statement prepared by a Florida Certified Public Accountant or an affidavit stating net worth is at least \$50,000 accompanied by a balance sheet (see enclosed sample).

**10.** The undersigned warrants that he/she is empowered to execute this application on behalf of the above named applicant and certifies that the owner(s), partners, directors, corporate officers and operators listed herein are of good moral character. The undersigned further acknowledges awareness of and compliance with all of the requirements of Chapter 539.001, F.S., including the use of an approved pawnbroker transaction form and that the pawn service charge may not exceed 25% of the amount financed for each 30 day period.

\_\_\_\_\_  
*Print Name of Owner*

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

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

**Sworn to (or affirmed) and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_, **by** \_\_\_\_\_, **who is personally known to me or who has produced** \_\_\_\_\_ **as identification.**

**SEAL/STAMP**

\_\_\_\_\_  
*(Notary Public Signature)*

\_\_\_\_\_  
*(Notary Public Name, Please Print)*

## Pawnbroking Net Worth Affidavit

Personal income tax returns do not include a listing of your assets and liabilities. If you are submitting a personal income tax return as proof of a net worth of at least \$50,000, please complete this balance sheet and return it to the Department.

Statement of assets and liabilities for \_\_\_\_\_ As of: \_\_\_\_\_, 20 \_\_\_\_\_

Assets		
<b>Current Assets</b>		
Cash	\$	
Accounts Receivable	\$	
Inventory	\$	
Prepaid Expenses	\$	
Other Current Assets	\$	
<b>Total Current Assets</b>		
<b>Fixed Assets</b>		
Land and Buildings (net)	\$	
Equipment (net)	\$	
Other Fixed Assets	\$	
<b>Total Fixed Assets</b>		
<b>Other Assets</b>		
Long-Term Investments	\$	
Other Assets	\$	
Other Assets	\$	
<b>Total Other Assets</b>		<b>\$</b>
<b>Total Assets</b>		
		<b>\$</b>

Liabilities and Equity		
<b>Current Liabilities</b>		
Accounts Payable	\$	
Short-Term Loans	\$	
Taxes Payable	\$	
Other Current Liabilities	\$	
<b>Total Current Liabilities</b>		
<b>Long-Term Liabilities</b>		
Mortgage Payable	\$	
Long-Term Loans	\$	
Other Long-Term	\$	
<b>Total Long-Term Liabilities</b>		<b>\$</b>
<b>Equity</b>		
Net Equity	\$	
Retained Earnings	\$	
<b>Total Equity</b>		<b>\$</b>
<b>Total Liabilities and Equity</b>		
		<b>\$</b>

I certify the above information to be true and accurate.

\_\_\_\_\_  
*Print Name of Owner*

\_\_\_\_\_  
*Signature of Owner*

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

SEAL/STAMP

\_\_\_\_\_  
*(Notary Public Signature)*

\_\_\_\_\_  
*Notary Public Name, Please Print*