

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM  
COMMISSIONER**

**FRANCHISE EXEMPTION  
APPLICATION PACKET**

s. 559.802, Florida Statutes  
5J-10.002

# Florida Department of Agriculture and Consumer Services

## Franchise Exemption Application Packet

### INSTRUCTIONS AND CHECKLIST

*Sale of Business Opportunities Act – Section 559.802, Florida Statutes*

#### General Instructions

Section 559.802, Part VII, Florida Statutes, states that anyone offering a “franchise” in Florida is exempt from the Sale of Business Opportunities Act provided they meet the requirements of the law and annually file a Franchise Exemption application before offering for sale or selling a franchise to be located in this state or to a resident of this state. A Franchise Exemption checklist is provided for your convenience. Upon completion of the filing, the Department will issue an identification number. Filing an exemption application shall not in any way indicate approval, certification, or endorsement by the State of Florida.

#### Checklist

**Item # 1:**

Provide the legal name of the applicant. If the applicant is not an individual, state the name **exactly** as it appears in its articles of incorporation or organizational document. (s. 559.802(3), F. S.)

**Item # 2:**

Franchise name (if different from Item #2). (s. 559.802(3), F. S.)

**Item # 3:**

Name under which seller will transact business (if different from Item #2), which must be filed with the Florida Division of Corporations. (s. 559.802(3), F. S.)

**Item # 4:**

Provide the Applicant’s principal physical business address. (s. 559.802(3), F. S.) Please also list the mailing address, if different from the business address, a phone number where we can contact you in case of problems, and other optionally listed information.

**Item # 5:**

Acknowledge that franchise meets the definition of that term as defined by the Federal Trade Commission regulations. Print name and title of person signing on behalf of Applicant; sign and date form. (s. 559.802(1)(a), F. S.)

**Item # 6:**

Provide the Applicant’s Federal Employer Identification Number (FEIN). (s. 559.802(3), F. S.)

**PLEASE NOTE: The initial exemption granted under this section is for a period of one (1) year after the date of filing the notice and it may be renewed each year for additional one (1) year period upon filing a notice for renewal and paying a renewal fee. The renewal will be mailed approximately sixty (60) days prior to the expiration date. Failure to use the renewal form may delay processing of your renewal.**

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

### PAYMENT / APPLICATION FEE

Include Annual Filing Fee in the amount of \$100.00 (all fees are non-refundable).

**Send completed application and a check or money order in the amount of \$100.00, made payable to:**

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

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**FRANCHISE EXEMPTION APPLICATION  
SALE OF BUSINESS OPPORTUNITIES ACT**

s. 559.802, Florida Statutes  
5J-10.002

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

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.559.802, 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):

\_\_\_\_\_

**2. Franchise Name** (if different):

\_\_\_\_\_

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

\_\_\_\_\_

**4. Business Physical Address** (if applicable please include suite, apartment and/or unit numbers):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OPTIONAL** Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website (if applicable): \_\_\_\_\_

**5. By signing below, applicant acknowledges that it:**

- a) meets the definition of the term "franchise" as that term is defined by Federal Trade Commission regulations set forth in 16 C.F.R. s.436.1et seq.; and
- b) is in substantial compliance with the requirements of said Federal Trade Commission rule.

**Print Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**6. Federal Employer ID Number (FEIN)** (s. 119.092, F.S.):

\_\_\_\_\_

Org Code: 42100603000  
EO: A2  
Object Code: 001101 \$100.00