

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**SELLERS OF TRAVEL
REGISTRATION PACKAGE**

Sections 559.926 – 559.939, Florida Statutes
Rule 5J-9.002, Florida Administrative Code

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Sellers of Travel Registration Package

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FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Sellers of Travel Registration Package

A seller of travel is any resident or nonresident person, firm, corporation, or business entity who offers for sale, directly or indirectly, at wholesale or retail, prearranged travel, tourist-related services, or tour-guide services for individuals or groups, through vacation or tour packages, or through vacation certificates in exchange for a fee, commission, or other valuable consideration. The term includes any business entity offering membership in a travel club or travel service for an advance fee or payment, **even if no travel contracts or certificates, or vacation, or tour packages are sold by the business entity.**

Any seller of travel that has a business location in Florida or that offers to sell travel related services in Florida for individuals or groups is required to register with the Department.

Persons who have contracted with the Airlines Reporting Corporation (ARC) for 3 years or more under the same ownership and control are not required to register but must have a statement of exemption issued by the Department in order to obtain a local business tax receipt. Sellers of travel that offer vacation certificates, must have contracted with ARC for 5 years or more, under the same ownership and control, to qualify for this exemption.

All registrations are valid for one year, beginning the day the certificate is issued, unless suspended or revoked for cause. Continued operation with an expired registration or bond will result in legal action by the Department which may include injunctive relief, order to cease and desist, and civil or administrative fines.

If a seller of travel fails to register with the Department, the penalties can include civil or administrative fines, cease and desist order, and injunctive relief. Each sale or attempted sale may be considered a separate violation.

Sellers of travel claiming an exemption under s. 559.935(2) or 559.935(3), F.S., must obtain a letter of exemption from the Department.

Sellers of travel who offer vacation certificates, wholesale or retail, MUST ANNUALLY submit the documents required under Section 559.9295, F.S., including a copy of the contract in compliance with s. 559.932, F.S. and pay an additional fee of \$100.

CHECKLIST AND INSTRUCTIONS

Item #1

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. **Note: Corporate, LLC, and Fictitious Names are verified with the Department of State, Division of Corporations and must match the name exactly as filed.**

Item #2

Provide the principal street address for the organization. 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 organization.**

Item #3

You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. 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 name, title, address, telephone, and fax number (if applicable) of the designated contact person.

Item #5

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

Item #6

Check the appropriate box, complete the required documents under s. 559.9295, F.S..

Item #7

Check the appropriate box, complete the requested information and submit required documents. Attach additional sheets if necessary.

Item #8

Complete requested information for the sole proprietor, each partner, or each corporate officer and director, as applicable, and for the registered agent.

Item #9

Complete the requested information for each location owned by the applicant.

Item #10

Check the appropriate box.

Item #11

If applicable, check the appropriate box and provide the information requested.

Item #12

Check the appropriate box. Complete the information requested for the person(s) completing the application. Have the application executed by a duly-authorized person.

CONTRACT REQUIREMENTS

Registered Sellers of Travel must include the following phrase in their contracts:

(NAME OF FIRM)... is registered with the State of Florida as a Seller of Travel, Registration No. _____.

Each advertisement of a Seller of Travel **MUST** include the phrase:

Fla. Seller of Travel Reg. No. _____.

In addition, all registered Sellers of Travel shall prominently display in the Seller of Travel's place of business, including branch offices specifically designated in the application, the certificate of registration issued by the Department.

SECURITY REQUIREMENTS

The security is renewed **ANNUALLY**. Persons who have been in the travel business for 5 or more consecutive years in compliance with Florida law may apply to the department for a waiver of the security by filing a Security Waiver Application (provided on Page 5 of the registration package).

Florida Law gives consumers the right to file a claim against the security provided by a business. The claim must be made in writing to the Department within 120 days after an alleged injury has occurred or is discovered to have occurred.

Sellers of travel that **DO NOT** offer vacation certificates, must submit a completed registration form, non-refundable fee of \$300 and proof of assurance in the form of a Surety Bond, not to exceed \$25,000.

Sellers of Travel **that offer vacation certificates, MUST** submit a completed registration form, a **\$300** registration fee; **\$100** document submission fee; **\$50,000** Surety Bond; and the vacation certificate documents required by ss. 559.9295 and 559.932, Florida Statutes.

Your registration will be denied if:

- Registration form and fee are NOT supplied, **OR**
- Surety Bond is NOT completed properly (Seals, signatures by principal and witnesses are missing), Power of Attorney is not included with Surety Bond

Original documents for Surety Bond must be submitted. **COPIES WILL NOT BE ACCEPTED.**

OTHER REQUIREMENTS AND FEES

The registration fees for sellers of travel are stated above. If you offer vacation certificates, then an additional vacation certificate document submission fee of \$100 must also be submitted.

Please submit everything listed above (completed application, proper security, vacation certificate and check or money order for registration fee, made payable to the Florida Department of Agriculture and Consumer Services) to:

Florida Department of Agriculture and Consumer Services
Sellers of Travel Program
P.O. Box 6700
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**SELLERS OF TRAVEL ACT
REGISTRATION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes
Rule 5J-9.002, Florida Administrative Code

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 32314-6700

Note: 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. This application will be returned if it is incomplete or does not bear an authorized signature. ALL FEES ARE NON-REFUNDABLE.

Please select one:

- New Application Renewal Application

Business Information

1. Name of Business (Legal name as registered with the Florida Department of State, Division of Corporations):

**** Fictitious (DBA) Name:**

***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: _____

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001109 \$300.00
Object Code: 001110 \$300.00
Object Code: 001114 \$100.00

5. Federal Employer ID #:

_____ - _____

6. Vacation Certificate Seller:

- Yes No

Ownership

7. Please Check One:

Corporation: _____
Corporation Name as Registered with the Department of State

Sole Proprietor: _____ , _____ , _____
Last Name First Name MI.

Partnership: _____ , _____ , _____
Last Name First Name MI.

_____ , _____ , _____
Last Name First Name MI.

Other: _____
Please Describe

State of Incorporation: _____ **Date:** _____ **Charter Number:** _____

If a foreign corporation, date filed with the Florida Division of Corporations: _____

Owner's Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Owner's Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Email:** _____

Information about Owners, Partners, or Officers

8. Enter the name and address of each individual owner, all partners, corporate officers, or directors, as applicable, and registered agents. Please indicate whether any of the individuals listed below have been convicted of a crime involving fraud, dishonest dealing, or any act of moral turpitude; or has not satisfied any fine or penalty arising out of any administrative or civil enforcement action brought by any governmental agency or private person based upon conduct involving fraud, dishonest dealing, or any violation of this part; has pending against her/him any criminal, administrative, or enforcement proceedings in any jurisdiction based on conduct involving fraud, dishonest dealing, or any other act of moral turpitude; or has had a judgment entered against her/him in any action brought under ss. 559.926-559.939, F.S., by the Department of Legal Affairs or brought under this section by the Department . 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. [s. 559.928(9), F.S.]

Name: _____	Title: _____	
Address: _____		
City: _____ State: _____ Zip Code: _____ - _____		
Telephone Number: (_____) _____ - _____	Adverse Legal Action: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent of Ownership: _____ %

Name:	Title:	

Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____
Telephone Number:	Adverse Legal Action:	Percent of Ownership:
(_____) _____ - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

Name:	Title:	

Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____
Telephone Number:	Adverse Legal Action:	Percent of Ownership:
(_____) _____ - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

9. Additional locations owned by applicant (if more than one, provide all the following on separate sheet):

Name of Business *(Additional Location):*

Business Street Address:

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number:

(_____) _____ - _____

Name of Manager:

10. Will you be authorizing independent agents? Yes No

If yes, please provide a list of all agents. Each authorized agent is required annually to file an affidavit with the Department prior to engaging in business in this state (ss. 559.928(1) and (3), F.S.).

11. Are you an Airlines Reporting Corporation (ARC) member?:

ARC **Owner Since:** _____ **Member #:** _____ **Date Appointed:** _____

Please provide a copy of your ARC appointment letter.

Signature of Owner or Authorized Officer

Date

Type of Security Provided

12. Please Check One:

- Surety Bond, original enclosed or on file with the Department
- Request for waiver of security, pursuant to s. 559.929, F.S.

Verification and Execution

Pursuant to the Florida Seller of Travel Act, ss. 559.926-932, Florida Statutes (the Act), I verify:

- I. No director, general partner, or owner has ever:
 - a. Been convicted of a crime involving fraud, dishonest dealing, or any other act of moral turpitude;
 - b. Not satisfied a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, dishonest dealing, or any violation of the Act;
 - c. Had a judgment entered against any of the foregoing as a consequence of any action brought pursuant to Chapter 501, Part II Florida Statutes, civil, criminal, or administrative and no action is currently pending; and
- II. That I am authorized to execute this application on behalf of this business. I further affirm that the representations made in the attached application are true to the best of my knowledge.

Name of Business:

*Signature **

Date

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**SELLERS OF TRAVEL ACT
SECURITY WAIVER APPLICATION**

Sections 559.926 – 559.939, Florida Statutes
Rule 5J-9.006, Florida Administrative Code

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

Please return application to:

FDACS
Sellers of Travel Program
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

In accordance with the provisions of Section 559.929, Florida Statutes, application is made by:

Name*:

Address:

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number:

(_____) _____ - _____

If applicant doing business under a fictitious name, please state of following:

Fictitious Name:

Date Filed with the Division of Corporations:

** If the business is a corporation, then "Name" is the legal name of the business as listed with the Division of Corporations. Name and address must match the registration application as filed with the Department AND the Division of Corporations.*

Applicant states this Seller of Travel:

- Has had five (5) or more consecutive years of experience as a seller of travel in Florida in compliance with sections 559.926-932, F.S.; **and**
- Has not had any civil, criminal, or administrative action instituted against the seller of travel in the vacation and travel business by any government agency or any action involving fraud, theft, misappropriation of property, or moral turpitude; **and**
- Has a satisfactory consumer complaint history with the Department.

Any waiver granted pursuant to this application may be revoked by the Department if the seller of travel violates any provisions of the Florida Sellers of Travel Act, or the rules promulgated thereunder.

Signature of Applicant

Title

Date

**SELLERS OF TRAVEL
SURETY BOND**

1-800-HELP-FLA (435-7352) • 850-410-3600 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

*Section 559.929, Florida Statutes
Rule 5J-9.006, Florida Administrative Code*

Return completed form to:

FDACS
Sellers of Travel Program
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Surety Bond Number:

Date of Surety Bond:

_____ / _____ / _____

KNOWN ALL BY THIS PRESENT INSTRUMENT that we,

Principal (Applicant/Registrant)

Name (Legal name as registered with the Florida Department of State (if applicable) followed by fictitious/dba name):

Physical Street Address of Seller of Travel:

City: _____ **State:** _____ **Zip Code:** _____ - _____

Mailing Address (if different from above):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Fax Number:** (_____) _____ - _____

Email Address:

AND

Surety

Name (Full legal name of Surety):

Street Address:

City: _____ **State:** _____ **Zip Code:** _____ - _____

Mailing Address (if different from above):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Fax Number:** (_____) _____ - _____

Bond # _____

which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the state of Florida, Department of Agriculture and Consumer Services, ("Obligee"), in the sum of \$ _____ for the use and benefit of any consumer who is injured by the fraud, misrepresentation, breach of contract, financial failure, or violation of any provision of Sections 559.926-559.939, F.S., the Florida Sellers of Travel Act, by the Principal. This bond shall be amenable to and enforceable only by and through administrative proceedings before the Department and shall be applicable and liable **only** for the payment of claims duly adjudicated by order of the Department. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed the contracted services for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carryout any contract, agreement, or arrangement governed by Sections 559.926-559.939, F.S., and shall not injure a consumer by fraud, misrepresentation, breach of contract, financial failure or violation of the Florida Sellers of Travel Act by the Principal, then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

1. That the Obligee (State of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain full name, city, and state where the Principal is located, and the agency code number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 day notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
4. That in no event shall the Surety be liable for a greater amount than that shown above.

This bond is effective this _____ day of _____, 20_____, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the _____ day of _____, 20_____.

Principal

Witness

Signature

Witness

Title

Full Legal Name of Principal

Surety

Witness

Signature (Seal)

Witness

Title

Local Agent

Name of Local Agent

Address

Contact Person

Contact Telephone Number