

MAIL TO: Office of Financial Regulation
200 East Gaines Street
Tallahassee, FL 32399-0375
FEE: \$1400.00

APPLICATION FOR TITLE LOAN LENDER LICENSE

This application shall be accompanied by payment of \$200.00 non-refundable investigation fee and a non-refundable application fee of \$1200.00. All requirements for licensure must be satisfied within forty-five (45) days from date of request for additional information. Licenses are not transferable or assignable.

TYPE OR PRINT

1(a). Legal Name of Title Loan Lender: _____

1(b). If corporate name is not allowed in Florida, provide name approved by the Florida Secretary of State:

(Provide qualification document from the Florida Secretary of State. This is the name that will appear on your license. See instructions.)

DBA (Fictitious name) if applicable:

(Provide acknowledgment from the Dept. of State, Division of Corporations that your fictitious name is duly registered.)

2. Business Address: (Note: P. O. Box is not acceptable.)

Street Address

City County State Zip

3. Mailing address if different from above:

P. O. Box or Street Address

City County State Zip

Business Telephone Number: (____) _____ Fax: _____

E-Mail Address: _____

4. Federal Employer I.D. Number: _____ (If Social Security Number*, response to Question 4 should be entered on Exhibit A of this application.)
(F.E.I.D. number is required of all corporations and partnerships. Also required of a sole proprietor if paying wages to one or more employees. See "Instructions for Form SS-4.")

5. Type of organization of applicant: (Check one)
 CORPORATION HUSBAND AND WIFE OTHER - Please explain here:
 PARTNERSHIP ASSOCIATION _____
 INDIVIDUAL (Sole Proprietor) _____

6. Is the applicant the subject of a pending criminal prosecution or governmental enforcement action in any jurisdictions involving fraud, dishonest dealing, or any other act of moral turpitude? YES _____ NO _____

7. List the following information for all principal officers, directors, and ultimate equitable owners of 10% or more on Exhibit A of this application. A listing of only officers or only owners is not sufficient. We must have position and/or percentage ownership, social security number*, and date of birth for each name listed. Provide the FEIN for each corporate owner listed.

8. _____
(Complete reverse side)

***** FOR OFFICE USE ONLY *****

APPROVED BY: _____ \$1200.00:
DATE APPROVED: _____ \$ 200.00:

IMPORTANT (Only required on initial application)

Each executive officer, director, general partner, and ultimate equitable owner of 10% or more interest in the business must complete the attached individual Biographical Summary and a fingerprint card. The completed Biographical Summary (Form TLL-BIO-1) must be notarized and submitted with this application. Failure to submit a completed biographical summary and fingerprint card on each principal in the business may result in revocation or denial of licensure.

The application need not state the full name and address of each officer, director, and shareholder if the applicant is owned directly or beneficially by a person who as an issuer has a class of securities registered pursuant to section 12 of the Securities Exchange Act of 1934 or, pursuant to section 13 or section 15(d) of such act, is an issuer of securities which is required to file reports with the Securities and Exchange Commission, if the person files with the Office any information documents, reports required by such act to be files with the Securities and Exchange Commission.

IF ADDITIONAL FORMS ARE NEEDED, PLEASE PHOTOCOPY THE BLANK BIOGRAPHICAL SUMMARY.

- 9. Has the applicant pleaded nolo contendere, been convicted, or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? YES ____ NO ____

Rule 69V-45.010(2), F.A.C., defines "Moral Turpitude" as follows:

Moral Turpitude involves duties owed by persons to society as well as acts contrary to justice, honesty, principle, or good morals. This includes, but is not limited to, theft, extortion, use of mail to obtain property under false pretenses, tax evasion, and the sale of (or intent to sell) controlled substances.

- 10. Has the applicant pleaded nolo contendere or been convicted or found guilty of a felony, regardless of adjudication, within the last ten (10) years? YES ____ NO ____
- 11. Has the applicant had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended, or otherwise acted against? YES ____ NO ____

IMPORTANT

For every "YES" answer to questions 6, 8 -10 above, attach details and provide a copy of the allegations. For questions 8 – 10, also provide documentation of the final disposition of the case(s).

Refer to Rule 69V-45.005, F.A.C., Restoration of Civil Rights:

If one's civil rights have been restored and the conviction did not directly relate to the title loan industry, the applicant shall provide evidence of restoration of civil rights. If one's civil rights have been restored and the conviction is directly related to the title loan industry, the applicant shall provide evidence of restoration of civil rights and rehabilitation. Evidence of rehabilitation should include, but is not limited to, employment history and letters from probation officers and employers.

- 12. Has the applicant been licensed in Florida or any other state during the past five (5) years? YES ____ NO ____ (If "YES", attach a list of the state(s) of licensure, type of license, period of licensure and license number(s).)
- 13. Does the applicant have a surety bond, certificate of deposit, or irrevocable letter of credit of \$100,000? The surety bond form, Certificate of deposit, or irrevocable letter of credit must be submitted to the Office with the application. YES ____ NO ____
- 14. Designate the applicant's registered agent in this state on whom "service of process" may be made.

Name

Address City State Zip

Telephone No: (____) _____ Enter Social Security Number* on Exhibit A of this application

Application is hereby made for a license, as provided for in Chapter 537, Florida Statutes, to engage in the business of Title Loan Lender at the location herein specified. I acknowledge that no such business has been or will be conducted under this act (effective October 1, 2000) until the issuance of this license, that all information submitted with this application is true and correct, and that any misstatement may cause the Office to deny the license or to initiate proceedings against the license. Applicant hereby authorizes the Office to investigate the background and credit history of the applicant and the principals listed herein. I further acknowledge that each principal in the business (defined above), has completed a biographical summary and fingerprint card which are attached hereto and made a part of this application. I declare that I have read the foregoing Application for Title Loan Lender License and the facts stated in it are true.

Section 837.06, F.S., states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Signature

Date

**See notice regarding the collection and use of social security numbers in Exhibit A.

TITLE LOAN COMPANIES

Name of Entity Applying for Licensure: _____

SECTION A. SOCIAL SECURITY NUMBER*** OF ENTITY APPLYING FOR LICENSURE (Only required if Federal Employer I.D. is a Social Security Number)	Social Security Number (Section A)

SECTION B. DIRECTORS, MANAGING MEMBERS, OWNERS AND PRINCIPAL OFFICERS OF BUSINESS A listing of only officers or only owners is not sufficient. We must have position and/or Percentage ownership, social security number***, and date of birth for each name listed. Provide the FEIN for each corporate owner listed. (Attach list, if necessary.)

Name	Position	% of Ownership	Date of Birth	EIN (other entities) **	- - OR - -	SSN (Individuals) * (Section B)
Florida Resident Agent (Required of corporations only)						

* SSN - One's personal Social Security Number
 ** EIN - Employer Identification Number assigned to entities by the Internal Revenue Service

***** Notice Regarding Collection and Use of Social Security Numbers**

This form requests an applicant, its directors, managing members, owners, and principal officers to provide social security numbers. In accordance with sections 119.071(5)(a)2.a. and b., F.S., the OFR gives the following notice regarding the OFR's collection and use of social security numbers:

(a) The OFR's collection of social security numbers in this form is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the OFR's duties and responsibilities to conduct criminal history background checks pursuant to s. 537.004, F.S.

(b) Social security numbers collected by the OFR may not be used by the OFR for any purpose other than the purpose provided in this notice.

(c) Social security numbers held by the OFR are confidential and exempt from section 119.07(1), F.S., and Section 24(a), Article I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

(d) Social security numbers held by the OFR may be disclosed if any of the following apply:

1. The disclosure of the social security number is expressly required by federal or state law or a court order;
2. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities;
3. The individual expressly consents in writing to the disclosure of his or her social security number;
4. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224;
5. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. sections 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. sections 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. sections 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph;
6. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents;
7. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan; or
8. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

EXHIBIT A

TLLExhibitA.doc