

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION
APPLICATION FOR BRANCH OFFICE LICENSE
CHAPTER 520, FLORIDA STATUTES**

GENERAL INSTRUCTIONS

Form OFR-520-01 is the form used by licensed Motor Vehicle Retail Installment Sellers (MV), Retail Installment Sellers (RS), Home Improvement Sellers (HI), Sales Finance Companies (SF) to either apply for an initial branch office license or make an amendment to a pending branch office application or an existing branch office license. This form can also be used to terminate an existing branch office license or withdraw a pending branch application.

This form is divided into the following sections:

- Type of Notification (Add, Terminate or Amend a branch)
- Effective Date of termination or withdrawal of branch.
- Licensee Information
- Branch Information
- Signature

When filing this form to add a new branch office, include a **non-refundable** branch office application fee of **\$175**. Submit a separate form and fee for each branch office license requested.

NOTE: Only one Motor Vehicle Retail Installment Sellers license is required per County.

Make one check payable to:
Department of Financial Services

Return the completed form(s) and fee(s) to:

**Office of Financial Regulation
Division of Finance
200 East Gaines St
Tallahassee, FL 32399-0376**

Type of Notification

Check the appropriate box for the type of filing. Check only one box.

Initial Application – This designation applies to initial applications for branch office license.

Amendment – This designation applies to any changes of the information contained within the application form. When filing amendments, circle the question on the form that contains new information.

Terminate License/Withdraw Application – This designation applies to any request to terminate an active branch office license or withdraw any pending branch application. Provide the effective date of this request.

1. Licensee Information

Licensee's FEID# - This is a nine digit number assigned by the IRS. If the licensee is a sole proprietorship using a social security number, enter the social security number on page 2 of this form, in the space labeled "Licensee's SSN#".

Business name of the Licensee – Legal name under which license is/will be issued.

Contact Person – Provide the name, telephone and fax number of the contact person for questions regarding this form.

2. Branch Information

Branch Office Address – Physical branch location where business is being conducted.

NOTE: A Post Office Box not acceptable.

Branch Office D/B/A or Fictitious Name – Name the branch operates under other than the legal name of the business. Provide evidence of fictitious name registration.

Signature – This form must be signed by an authorized person of the licensee. An authorized person is any individual identified in question 4E of Form OFR-520-01 (Application for License under Chapter 520, Florida Statutes)

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Check the box that indicates what you would like to do:

- Submit an initial branch office application.**
 Submit an amendment to a branch office license.
 Terminate License/Withdraw application. (Effective date of termination/withdrawal request: _____)
(MM/DD/YYYY)

LICENSEE INFORMATION (Answer all questions listed below)

- LICENSEE'S FEID #:** _____
- BUSINESS NAME OF LICENSEE:** _____
- CONTACT PERSON REGARDING THIS FORM:** _____
- CONTACT PERSON PHONE #:** (____) ____ -- ____ **FAX #:** (____) ____ -- ____

BRANCH INFORMATION

- BRANCH OFFICE D/B/A OR FICTITIOUS NAME:**

- BRANCH OFFICE ADDRESS** (Street address only - do not use a P.O. Box):

(Number and Street) (City) (State) (Zip Code)

SIGNATURE

I, the undersigned authorized person, hereby swear / affirm that I have full authority to sign and verify this application, that I have read this application and have knowledge of the information stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Signature **Print Name** **Title** **Date**

SSN Section

(Answer question 1 below)

- Licensee's SSN #** _ _ _ - _ _ - _ _ _