

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**Financial Technology Sandbox Innovator Location Notification Form  
Chapter 559, Part XII, Florida Statutes**

**GENERAL INSTRUCTIONS**

Form OFR-FTS-559-002 is the form used by Financial Technology Sandbox Innovator (Chapter 560 Money Services Business Product/Services only) licensees to notify the Office that a licensee intends to open or close a branch office or has added or terminated an authorized vendor.

For branch offices, the licensee must file this form prior to opening or closing a branch office. For authorized vendors, the licensee must file this form no later than sixty (60) calendar days from the date an authorized vendor commences or ceases activities on behalf of the licensee. The sixty (60) day time-frame begins from the date of the first/last transaction initiated by the authorized vendor.

**Do not file this form for the licensee's main office.**

This form is divided into the following sections:

- Type of Notification (Add or Terminate)
- Date Branch/Vendor commenced or ceased operations
- Licensee Information
- Vendor Information
- Signature/Title/Date of Signature

**1. Type of Notification**

Check the appropriate box for the type of notification. Check only one box. **NOTE: A \$38 fee per branch/vendor is required when adding new branches or vendors.**

**2. Date Branch/Vendor Commenced or Ceased Operations**

When adding or terminating a branch office, enter the filing date of the application. When adding a new vendor, enter the effective date the vendor commenced operations on behalf of the licensee. When terminating a vendor, enter the effective date the vendor ceased operating on behalf of the licensee. **Enter the date in the following format: MM/DD/YYYY**

**3. Licensee Information**

File number – This number is assigned by the Office of Financial Regulation.

Licensee's FEID# – This is a nine-digit number assigned by the IRS. If the licensee is a sole proprietor using a social security number\* in lieu of an FEID#, then enter the social security number in the box at the bottom of the form in the space labeled "Licensee's SSN#."

Name of the Licensee – Name under which license is issued.

Fictitious (D/B/A) Name – Name the business operates under other than the legal entity name.

Contact Person – Provide the name of the person who can answer questions about the information provided in the form.

Telephone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the form.

**4. Branch/Vendor Information**

Authorized Vendor's FEID# – This is a nine-digit number assigned by the IRS. If the authorized vendor is a sole proprietor using a social security number\* in lieu of an FEID#, then enter the social security number in the box at the bottom of the form in the space labeled "Authorized Vendor's SSN#".

Name of Authorized Vendor – Enter the **full legal business name** of the authorized vendor. The business name should be identical to the name filed with the state of incorporation. If a sole proprietor, enter the full legal name of the individual owner.

Vendor's D/B/A or Fictitious Name – Enter the entire D/B/A or fictitious name as registered with the appropriate registering authority. **If the vendor is not using a D/B/A or fictitious name, answer "N/A" for this question.**

Physical Address of Branch/Vendor – Provide the street address on file with the postal service. **Street addresses only - do not use a P.O. Box. Licensees are not required to file location forms for branches or authorized vendors outside the State of Florida.**

Mobile Unit Information – If the location is a mobile unit, provide the last six (6) digits of the vehicle identification number.

**5. Signature/Print Name/Title/Date**

The report must be signed by an authorized person of the licensee. Include the authorized signor's printed name, title, and date signed.

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**TYPE OF NOTIFICATION:**

- Add New Branch/Vendor Appointment  
 Terminate Branch/Vendor Appointment

**DATE BRANCH/VENDOR COMMENCED OR TERMINATED OPERATIONS:** \_\_\_\_\_  
(MM/DD/YYYY)

**TYPE OF LOCATION:**

- Branch  
 (Check this box if the branch is a mobile unit.)

- Authorized Vendor

**LICENSEE INFORMATION** (Answer all questions listed below)

1. **FILE NUMBER:** \_\_\_\_\_  
2. **LICENSEE'S FEID #:** \_\_\_\_\_  
3. **NAME OF LICENSEE:** \_\_\_\_\_  
4. **CONTACT PERSON REGARDING THIS FORM:** \_\_\_\_\_  
5. **CONTACT PERSON PHONE #:** (\_\_\_\_)\_\_\_\_--\_\_\_\_ **FAX #:** (\_\_\_\_)\_\_\_\_--\_\_\_\_

**BRANCH/VENDOR INFORMATION** (Answer all questions listed below)

6. **AUTHORIZED VENDOR'S FEID #:** \_\_\_\_\_  
7. **NAME OF AUTHORIZED VENDOR (FULL LEGAL BUSINESS NAME):**  
\_\_\_\_\_  
8. **VENDOR'S D/B/A OR FICTITIOUS NAME:**  
\_\_\_\_\_  
9. **PHYSICAL ADDRESS OF BRANCH/VENDOR (Street address only - do not use a P.O. Box):**  
\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)  
10. **IF A MOBILE LOCATION, PROVIDE THE FOLLOWING INFORMATION ABOUT THE MOBILE UNIT:  
LAST SIX (6) DIGITS OF THE VEHICLE IDENTIFICATION NUMBER** \_ \_ \_ \_ \_ \_

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

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**

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

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

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

**SSN Section\***

(Only for sole proprietors)

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

**Authorized Vendor's SSN #** \_ \_ - - - - -

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

This form requests the social security numbers of licensee's and authorized vendors formed as sole proprietors. 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 supervise all money services businesses and their authorized vendors pursuant to s. 560.105, F.S., which includes verifying the identity of a licensee and its added or terminated authorized vendor for the purpose of taking administrative action pursuant to s. 560.114, F.S., verifying the identity of a licensee and its added or terminated authorized vendor for the purpose of conducting examinations and/or investigations pursuant to s. 560.109, F.S., and verifying the identity of a licensee and its added or terminated authorized vendor for the purpose of bringing legal action pursuant to s. 560.113, 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.