

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 2 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.

(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.**

- 8. 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 3D-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.

- 9. 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 \_\_\_\_
- 10. 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 3D-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.

- 11. 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).)
- 12. 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 \_\_\_\_
- 13. 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 affirm that no such business has been or will be conducted under this act (effective October 1, 2000) until the issuance of this license. I hereby affirm that all information submitted with this application is true and correct and acknowledge 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 affirm 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. Under penalties of perjury, I declare that I have read the foregoing Application for Title Loan Lender License and the facts stated in it are true.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date