

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**Application for Consumer Finance Company Branch License  
Chapter 516, Florida Statutes**

**GENERAL INSTRUCTIONS**

Form OFR-516-06 is the form used by licensed Consumer Finance Companies to either apply for a branch license or make an amendment to a pending branch application or an existing branch license. This form can also be used to terminate an existing branch 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, include a **non-refundable** branch application fee of **\$625**. Submit a separate form and fee for each branch license requested.

File the application form and non-refundable fees through the Office's Regulatory and Licensing (REAL) System at <http://real.flofr.com>.

The applicant must provide documentation from an insured financial institution that liquid assets in the amount of \$25,000 are on deposit with the institution and held solely for the purposes of licensure. The documentation should include the applicant/licensee's name, street address, and account balance. In lieu of liquid assets, the applicant/licensee may provide documents satisfying the requirement of s. 516.05(10), F.S.

Filers may also find all forms, statutes, and rules relating to licenses issued under chapter 516, Florida Statutes, on the Office's website at [www.flofr.gov](http://www.flofr.gov).

**Type of Notification**

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

Application – This designation applies to applications for branch license.

Amendment – This designation applies to any change(s) to 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 license or withdraw any pending branch application. Provide the effective date of this request.

**A. 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 3 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.

**B. Branch Information**

Branch Address – Physical branch location where business is being conducted. **NOTE:** A Post Office Box not acceptable.

Branch 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. If you do not use a fictitious name, answer "N/A" for this question.

**C. Signature** – This form must be signed by an authorized person of the licensee. An authorized person is any individual identified in question 3D of Form OFR-516-01 (Application for License under Chapter 516, Florida Statutes)

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**APPLICATION FOR BRANCH LICENSE  
CHAPTER 516, FLORIDA STATUTES**

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

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

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

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

**B. BRANCH INFORMATION**

5. **BRANCH D/B/A OR FICTITIOUS NAME:**  
\_\_\_\_\_

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

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

7. **Provide evidence from an insured financial institution that the liquid assets in the amount of \$25,000 are on deposit with the institution and held solely for the purpose of licensure. In lieu of liquid assets, one of the following alternative collateral devices may be submitted with the application:**
- a. A certificate of deposit pledged to the Office in the amount of \$25,000 for this location. The certificate of deposit must be deposited in a financial institution as defined in s. 655.005(1)(i), Florida Statutes. An original of Form OFR-516-03 must be submitted to the Office with the application.
  - b. An irrevocable letter of credit in the amount of \$25,000 for this location. The irrevocable letter of credit must be issued by a financial institution as defined in s. 655.005(1)(i), Florida Statutes.
  - c. A surety bond in the amount of at least \$25,000. A consumer finance company with at least one currently licensed location must provide to the Office a rider or surety bond in an amount of at least \$5,000 for each additional license. However, the aggregate amount of the surety bond required for a consumer finance company with multiple licenses may not exceed \$100,000. The surety bond or rider must be issued by a bonding company or insurance company authorized to do business in this state. An original of Form OFR-516-02 must be submitted with the application.

**C. SIGNATURE**

I, the undersigned authorized person, have full authority to sign and verify this application. I have read this application and have knowledge of the facts stated herein. This application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief. I further acknowledge that any misstatement may cause the Office to deny the application or initiate proceedings against the licensee. I also represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

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.

The authorized person has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

\_\_\_\_\_  
**Signature**    **Print Name**    **Title**    **Date**

<b>SSN Section</b> (Answer question 1 below)
1. Licensee's SSN # _____ - ____ - _____

**Notice Regarding Collection and Use of 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) Social security numbers are collected for the purpose of verifying identity and also conducting criminal history background checks. Collection of social security numbers is specifically authorized under section 516.03, 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.