

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

Supplemental Application for Licensure as a Qualified Payment Stablecoin Issuer
Chapter 560, Florida Statutes

GENERAL INSTRUCTIONS

Pursuant to Rule 69V-560.102, F.A.C., this form shall be submitted via email to OFR.STABLECOIN@FLOFR.

Form OFR-560-01A is the application form used by Qualified Payment Stablecoin Issuers to either apply for an initial license or make an amendment to an existing license. First time applicants should also submit Form OFR-560-01 if not already licensed under Chapter 560, F.S. This form can also be used to surrender an existing license or withdraw a pending application.

There is no fee to file this application.

A. Type of Filing

Check the appropriate box for the type of filing. If filing for more than one type of service, check all the boxes that apply.

Initial Application – This designation applies to first-time filers and applications for Change of Control (See Rule 69V-560.201, F.A.C., for waiver of Change of Control Application). This designation also applies to licensees that want to act as a Qualified Payment Stablecoin Issuer.

Amendment – This designation applies to any changes including, but not limited to, the information provided in this form in accordance with Rule 69V-560.201. **See chapter 560, F.S., and Rule Chapter 69V-560, F.A.C., for the requirements to file amendments.**

Surrender License/Withdraw – This designation applies to any request to surrender an active license or withdraw any pending application. Provide the effective date of this request. If surrendering an existing license, update the address where records are stored in Question 3E and the contact information in Question 4 by emailing OFR.STABLECOIN@FLOFR.GOV.

Question 1 - Provide evidence of the ability of the applicant, based on the financial condition and resources, to meet the requirements in Rule 69V-560.1022.

Question 2 - Provide a statement as to whether an individual serving as an officer or director of the applicant has ever been convicted of a felony offense involving insider trading, embezzlement, cybercrime, money laundering, financing terrorism, or financial fraud.

Question 3 – Provide a response for all officers, directors, and principal shareholders of the applicant, its subsidiaries, and parent company.

Question 4 – Provide a statement as to whether the redemption policy of the applicant meets the standards under s. 560.504.

Question 5 - This form must be signed by a person legally authorized to bind the applicant and attest to the accuracy of the information contained in this form.

Filers may also find all forms, statutes and rules relating to money services business licenses on the Office's website at www.flofr.gov.

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

SUPPLEMENTAL APPLICATION FOR LICENSURE AS QUALIFIED PAYMENT STABLECOIN ISSUER
Chapter 560, Florida Statutes

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

- ☐ **File an Initial Application** (No fee is required to file this application)
- ☐ **File an Amendment** (circle the question(s) amended)
- ☐ ****Surrender License/Withdraw** (Effective date of surrender/withdrawal: _____)
(MM/DD/YYYY)

- 1.** Provide evidence of the ability of the applicant, based on the financial condition and resources, to meet the requirements in Rule 69V-560.1022, F.A.C.
- 2.** Provide a statement as to whether an individual serving as an officer or director of the applicant has ever been convicted of a felony offense involving insider trading, embezzlement, cybercrime, money laundering, financing terrorism, or financial fraud.
- 3.** Provide an explanation of the competence, experience, and integrity of the officers, directors, and principal shareholders of the applicant, its subsidiaries, and parent company which includes, but is not limited to:
 - i. The record of the officers, directors, and principal shareholders to fulfill any commitments to, and any conditions imposed by the Office in connection with the application at issue and any prior applications.
 - ii. The ability of those officers, directors, and principal shareholders to fulfill any commitments to, and any conditions imposed by the Office in connection with the application at issue and any prior applications.
- 4.** Provide a statement as to whether the redemption policy of the applicant meets the standards under s. 560.504, F.S.

5. 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, Florida Statutes, 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 or authorized person's agent 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

Title

Print Name

Date

SSN Section
(If Applicant is a Sole Proprietor)

Applicant's Social Security Number - - _____

Notice Regarding Collection and Use of Social Security Numbers

In accordance with sections 119.071(5)(a)2.a. and b., Florida Statutes, the Office gives the following notice regarding the Office's collection and use of social security numbers:

(a) Social security numbers are collected for the purposes of verifying identity and conducting criminal history background checks. Collection of social security numbers is specifically authorized under section 560.141(1)(a)3., Florida Statutes.

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

(c) Social security numbers held by the Office are confidential and exempt from section 119.07(1), Florida Statutes, 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 Office 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, chapters 670 through 680, Florida Statutes, by the office of the Secretary of State.