

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

**PAWNBROKING  
REGISTRATION APPLICATION**

Section 539.001, Florida Statutes  
Rule 5J-13.002, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com) • (850) 410-3804 Fax

Remit Non-Refundable Application  
Fee Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, Florida Statutes (F.S.). PLEASE TYPE OR PRINT. Additional pages may be attached if extra space is needed. Annual Registration Fee: \$300 for each pawnshop location plus the applicable fee for the required background investigation (\$28.25 for each new individual added to the list). Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 539.001, F.S., and rule 5J-13.002, F.A.C., for eligibility requirements.

**Business Information**

Please Select one:  New Filing  Renewal PN#: \_\_\_\_\_  Change of Owner \_\_\_\_\_  
Previous PN#

Do you currently hold a Florida Pawn License at another location?

Yes  No If yes, please provide the PN number for ONE of your other locations: \_\_\_\_\_

**1. Name** (If applicant is not an individual, state legal name as registered with the Florida Department of State, Division of Corporations):

\* Fictitious (DBA) Name (if applicable):

\*Fictitious name as registered with the Division of Corporations.

**2. Business Street Address** (include APT or SUITE # in all address lines):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address:

Website:

F&A Use Only

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 001230 \$300.00  
Object Code: 004156 \$28.25

4. Name of Contact Person:

Title of Contact Person:

Mailing Address (if different from above):

City: State: Zip Code:

Telephone Number:

Email Address:

5. Federal Employer ID #:

Ownership

6. Form of organization:

- Corporation: Corporation Name
Sole Proprietor: Last Name, First Name, MI.
Partnership: Partnership Name
Other: Please Describe

Table with 2 columns: Street Address (If Sole Proprietor, state address of residence): and Mailing Address:
Rows include City, State, Zip Code, and Telephone Number/Email Address.

- 7. A. Please list the name and address of: each direct or beneficial owner of at least 10% equity interest; the person in charge of daily operations; and if a corporation, all corporate officers and directors.
B. Please indicate whether each individual listed below has been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, a felony within the last 10 years.
C. Please indicate whether each individual listed below has been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, a crime that involves theft, larceny, dealing in stolen property, receiving stolen property, burglary, embezzlement, obtaining property by false pretenses, possession of altered property, or any other fraudulent or dishonest dealing within the last 10 years.
D. Please indicate whether each individual listed below is acting as a beneficial owner for someone who has been convicted of, or found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, a felony or a crime that involves theft, larceny, dealing in stolen property, receiving stolen property, burglary, embezzlement, obtaining property by false pretenses, possession of altered property, or any other fraudulent or dishonest dealing within the last 10 years. [s. 539.001(4)(a)1., 3.-4., F.S.]

Mark YES or NO in response to B.-D. above. If responding yes to any statement, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, and the date of disposition.

<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____	<b>City:</b> _____ <b>State:</b> _____
<b>Zip Code:</b> _____ <b>Ownership:</b> _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Zip Code:</b> _____ <b>Ownership:</b> _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____	<b>City:</b> _____ <b>State:</b> _____
<b>Zip Code:</b> _____ <b>Ownership:</b> _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Zip Code:</b> _____ <b>Ownership:</b> _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No

**Fingerprinting:** Submission of fingerprints is required for **each** operator and manager; each individual with at least 10 percent (10%) ownership; and all officers and directors if a corporation.

Fingerprints can be submitted electronically through a Livescan Service Provider. An electronic fingerprint submission will reduce the time it takes for law enforcement authorities to complete the required criminal history background check and to return the results of that background check to the department.

A list of applicant Livescan Service Providers can be found at <http://www.fdle.state.fl.us/content/criminal-history/livescan-service-providers-and-device-vendors.aspx>. Out of state applicants can do an internet search to find Livescan Service Providers in their area. The provider must be registered with the Florida Department of Law Enforcement.

After you have paid for your electronic fingerprint submission, you can submit your application to the Division of Consumer Services. Please provide the following ORI number to the Livescan operator-- FL922060Z—so your background checks are routed to the Florida Department of Agriculture and Consumer Services and your application can be processed.

If you are unable to locate a Livescan Service Provider, you may submit a fingerprint card along with a \$28.25 processing fee. Make your check or money order payable to FDACS. All fees are nonrefundable.

### Law Enforcement Information

What Law Enforcement Agency collects your pawnbroker transaction forms?

**8. Police Department:**

**Contact Person:**

**Telephone Number:**

**Email Address:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Sheriff's Office: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

NOTE: Provide a copy of the pawnbroker transaction form with this application.

**Type of Security Provided**

**9. Type of Security** (please check one and select location of security):

- Surety Bond** (\$10,000):  original enclosed  on file with the department
- Irrevocable Letter of Credit** (\$10,000):  original enclosed  on file with the department
- Certificate of Deposit** (\$10,000):  original enclosed  on file with the department
- Net worth of at least \$50,000, no security required:**

Any applicant claiming to have a net worth of \$50,000 or more shall file with the agency, at the time of applying for a license, one of the following: (1) a current financial statement prepared by a Florida certified public accountant; or (2) an affidavit stating the applicant's net worth is at least \$50,000, accompanied by relevant supporting documentation, as set forth in rule 5J-13.003(1)(b), F.A.C.; or (3) if the applicant is a corporation, a copy of its most recently filed federal tax return. [s. 539.001(4)(b)3.]

**Preparer Information**

Prepared By (please print name): \_\_\_\_\_

Title of Preparer: \_\_\_\_\_

Telephone Number of Preparer:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Application Certification**

The undersigned warrants that he/she is empowered to execute this application on behalf of the above named applicant and certifies that the owner(s), partners, directors, corporate officers and operators listed herein are of good moral character. The undersigned further acknowledges awareness of and compliance with all of the requirements of Chapter 539, F.S., including the use of an approved pawnbroker transaction form and that the pawn service charge may not exceed 25% of the amount financed for each 30 day period.

I certify the above information to be true and accurate.

\_\_\_\_\_

*Print Name of Owner*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Signature of Owner*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

SEAL/STAMP

\_\_\_\_\_  
*(Notary Public Signature)*

\_\_\_\_\_  
*(Notary Public Name, Please Print)*

# Pawnbroking Net Worth Affidavit

Statement of assets and liabilities for \_\_\_\_\_ As of: \_\_\_\_\_, 20 \_\_\_\_\_

Assets		
<b>Current Assets</b>		
Cash	\$	
Accounts Receivable	\$	
Inventory	\$	
Prepaid Expenses	\$	
Other Current Assets	\$	
<b>Total Current Assets</b>		
<b>Fixed Assets</b>		
Land and Buildings (net)	\$	
Equipment (net)	\$	
Other Fixed Assets	\$	
<b>Total Fixed Assets</b>		
<b>Other Assets</b>		
Long-Term Investments	\$	
Other Assets	\$	
Other Assets	\$	
<b>Total Other Assets</b>		<b>\$</b>
<b>Total Assets</b>		<b>\$</b>

Liabilities and Equity		
<b>Current Liabilities</b>		
Accounts Payable	\$	
Short-Term Loans	\$	
Taxes Payable	\$	
Other Current Liabilities	\$	
<b>Total Current Liabilities</b>		
<b>Long-Term Liabilities</b>		
Mortgage Payable	\$	
Long-Term Loans	\$	
Other Long-Term	\$	
<b>Total Long-Term Liabilities</b>		<b>\$</b>
<b>Equity</b>		
Net Equity	\$	
Retained Earnings	\$	
<b>Total Equity</b>		<b>\$</b>
<b>Total Liabilities and Equity</b>		<b>\$</b>

I certify that the applicant has a net worth of at least \$50,000, and that the above information is true and accurate.

\_\_\_\_\_ *Print Name of Owner*

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

\_\_\_\_\_ *Signature of Owner*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

**SEAL/STAMP**

\_\_\_\_\_  
*(Notary Public Signature)*

\_\_\_\_\_  
*(Notary Public Name, Please Print)*

**PAWNBROKING  
SURETY BOND**

1-800-HELP-FLA (435-7352) • (850) 410-3800  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com) • (850) 410-3804 Fax

Section 539.001, Florida Statutes  
Rule 5J-13.003, Florida Administrative Code

Return completed form to:  
FDACS  
Pawnbroking Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**Surety Bond Number:**

**Date of Surety Bond:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**KNOWN ALL BY THIS PRESENT INSTRUMENT that we,**

**Principal (Applicant/Registrant)**

**Legal Name of Applicant:**

**Physical Street Address of Pawnshop:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

**AND**

**Surety**

**Name (Full legal name of Surety):**

**Street Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the State of Florida, Department of Agriculture and Consumer Services, ("Obligee"), in the sum of \$10,000 for the use and benefit of any consumer who is injured as a result of any fraud, misrepresentation, breach of contract, financial failure, or violation of section 539.001, F.S., the Florida Pawnbroking Act, by the Principal. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed the duties and responsibilities for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carry out any duty or responsibility governed by s. 539.001, F.S., and shall not injure a consumer by fraud, misrepresentation, breach of contract or financial failure, then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

1. That the Obligee (state of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain the full name, city, and state where the Principal is located, and the pawnbroking registration number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 days notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
4. That in no event shall the Surety be liable for a greater amount than that shown above.

This bond is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Principal**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

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

\_\_\_\_\_  
*Full Legal Name of Principal (Applicant)*

**Surety**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature (Seal)*

\_\_\_\_\_  
*Witness*

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

**Local Agent**

\_\_\_\_\_  
*Name of Local Agent*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Contact Telephone Number*

**NOTE: The Department shall not accept for filing a Pawnbroking Certificate of Deposit Assignment which is not an original document issued by a Florida banking institution.**

## Pawnbroking Certificate of Deposit Assignment Form

\_\_\_\_\_ (Legal Name of applicant for Pawnbroking License), Assignor, does hereby assign, transfer, and set over unto the Florida Department of Agriculture and Consumer Services, Assignee, all right, title, and interest to and in Certificate of Deposit Number \_\_\_\_\_ entitled \_\_\_\_\_ and issued by (Name and address of Depository) Depository, in the amount of \$10,000.00, excluding interest payable thereon. This assignment is made as security pursuant to Section 539.001, Florida Statutes, the Florida Pawnbroking Act, for (Legal Name and address of pawn shop - separate certificate of deposit or other security for each location). This assignment includes any substitution or renewals to the Certificate of Deposit described, and shall remain in effect until Assignee notifies Depository in writing of the cancellation of this assignment.

Assignee is authorized to draw against the above Certificate of Deposit pursuant to the Florida Pawnbroking Act, and Depository is directed to pay up to the Principal Sum to Assignee upon demand. Partial draft is permitted. Any payments made pursuant to this assignment shall constitute acquittance of Depository. Depository shall not pay any portion of the Principal Sum to Assignor without prior written cancellation of this assignment from the Assignee. This Certificate of Deposit may not be encumbered in any way, and any attempted encumbrance is void.

\_\_\_\_\_  
Signature of Assignor

\_\_\_\_\_  
Date

## Depository Acknowledgement of Assignment

The Assignor's signature above compares correctly with our files. Principal Sum is \$\_\_\_\_\_, and the above assignment will be considered valid and honored until written cancellation is received from Assignee.

**Depository Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Name of Authorized Depository Officer:**

**Title of Authorized Depository Officer:**

\_\_\_\_\_  
Signature of Authorized Depository Officer

\_\_\_\_\_  
Date



**NOTE: The Department shall not accept for filing a Pawnbroking Irrevocable Letter of Credit which is not an original document issued by a Florida banking institution.**

**Pawnbroking Irrevocable Letter of Credit**

**Legal Name of Applicant:**

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**Physical Street Address of Pawn Shop:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

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**Letter of Credit Number:** \_\_\_\_\_ **Date of Letter of Credit:** \_\_\_\_\_ / \_\_\_\_\_ / **20** **Date of Expiration:** \_\_\_\_\_ / \_\_\_\_\_ / **20**

\_\_\_\_\_  
(Name and Address of Issuer) ("Issuer") does hereby establish this

Irrevocable Letter of Credit in the name of \_\_\_\_\_  
(Name and complete address of registrant/licensee as registered with the Department)

("Principal"), in the aggregate amount of \$10,000 available by draft at sight, for the benefit of the Florida Department of Agriculture and Consumer Services ("Department"), pursuant to s. 539.001, F.S. Drafts made under this Irrevocable Letter of Credit shall be marked "Drawn under Irrevocable Letter of Credit Number \_\_\_\_\_," and must be accompanied by any one of the following:

- Written notice by the Department that the Principal failed to perform its obligation to provide services to a consumer;
- Written notice by the Department that the Principal failed to pay its liabilities after such liabilities were adjudicated between Principal and a consumer, or the State of Florida, and a judgment of a court of competent jurisdiction was entered against the Principal, with copy of the final judgment being attached to the Department's written notice;
- Written notice by the Department that the Principal, after reasonable notice, failed to perform its obligations to any consumer under the terms of its contracts or as required by Florida law; or
- Notice by the Department that the Principal is insolvent, or is no longer in active operation, or is otherwise unable to meet its obligations to any customer, and that the Principal is not satisfying said obligations.

Partial draft by the Department is permitted and surrender of this Irrevocable Letter of Credit will not be required for endorsements in such event.

The Issuer guarantees all drafts made under and in compliance with this Irrevocable Letter of Credit will be honored when presented on or before \_\_\_\_\_ (Date of Expiration), or during any period of extension of this Irrevocable Letter of Credit.

This Irrevocable Letter of Credit shall be in effect, without amendment, until the date set forth in the previous paragraph. This Irrevocable Letter of Credit automatically shall be extended for (1) year periods, each commencing immediately upon expiration of the prior period, unless at least ninety (90) days prior to the expiration date the Issuer notifies the Department in writing that the Issuer elects not to extend this Irrevocable Letter of Credit.

This Irrevocable Letter of Credit is established for the Principal at the following registered/licensed business physical location:

\_\_\_\_\_.

This Irrevocable Letter of Credit is governed by the following:

- A. The laws of the state of Florida, as amended subsequent to the effective date of this Irrevocable Letter of Credit, including without limitation Chapter 675, F.S., all other statutes, all other acts of the Florida Legislature, and all administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal;
- B. To the extent the following are not in conflict with Chapter 675, F.S., any other law of the State of Florida, or any administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal, the provisions of (*the Issuer may designate only one of the following conventions to the exclusion of the terms of the alternate; failure to so designate excludes all terms of the following*):
  - \_\_\_\_\_ International Standby Practices ISP 98 Publication 590
  - \_\_\_\_\_ Uniform Customs and Practice for Documentary Credits (2007 Rev.), ICC Publication 600.

Venue for any administrative proceeding or judicial action arising from this Irrevocable Letter of Credit, including any action to enforce its terms against the Issuer, shall be in Leon County, Florida.

\_\_\_\_\_  
*Authorized Signature and Title of Financial Institution Officer*

\_\_\_\_\_  
*Printed Name and Title of Authorized Officer*

**Authorization:** Attached and incorporated into this Irrevocable Letter of Credit is a true copy of the written designation, delegation, or other official authorization from the Issuer to the above-named Officer to execute this Irrevocable Letter of Credit as a binding obligation of the Issuer. **The Department shall not accept any Irrevocable Letter of Credit which does not include the foregoing authorization as an attachment.**