State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Application for Licensure as a Talent Agency
Form # DBPR TA-1

APPLICATION CHECKLIST – IMPORTANT – Submit items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

APPLICATION REQUIREMENTS
❑ Fee: - $705 if application is postmarked between June 1 of an even year and May 30 of an odd year. - $505 if application is postmarked between May 31 of an odd year and May 31 of an even year. - Make check payable to the Florida Department of Business and Professional Regulation. ❑ Completed form DBPR TA-1 Application for Licensure as a Talent Agency. ❑ Electronic fingerprints. ❑ Surety Bond in the amount of $5000. Surety bond form included in packet. ❑ Five (5) moral character affidavits. ❑ Operator work experience form. ❑ Itemized schedule of maximum fees, charges, and commissions. ❑ Supporting legal documentation (if applicable). See Section 2(d) of Instructions.

Please mail your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions
*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at (**850) 487-1395.***

1. **General Requirements for Licensure as a Talent Agency**
   a. **Fingerprints:**
      i. Each owner of the talent agency and each operator of the talent agency must submit electronic fingerprints.
      ii. Electronic fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/DBPR/fingerprinting/ for more information.
      iii. If the talent agency is owned by a corporation, the applicant must submit the electronic fingerprints of the principal officer signing the application form and surety bond, along with the electronic fingerprints of the operator of the talent agency.
   b. **Experience:** The operator of the talent agency must show at least one (1) year of direct experience or similar experience in the talent agency business or as a subagent, casting director, producer, director, advertising agency, talent coordinator, or musical booking agent.
   c. **Character Affidavits:** Provide five (5) moral character affidavits or if a corporation, affidavits that state that the corporation has a reputation for fair dealings. Affidavits cannot be accepted from a family member or an artist as defined in Chapter 468, Part VII, Florida Statutes. The affidavits must be completed by a person who has known or been associated with the applicant for at least three (3) years.
   d. **Surety Bond:** Provide the enclosed surety bond form to a reputable bonding company authorized to do business in Florida. The completed surety bond form must accompany the application. The bond shall be for the sum of $5000.
   e. **Itemized schedule of fees:** Each applicant shall file with the application an itemized schedule of maximum fees, charges, and commissions which it intends to charge and collect for its services.

2. **Application Instructions (by section)**
   a. **Section I- Business Information**
      i. Complete this section entirely.
      ii. Provide the name of the Talent Agency as it is registered with the Florida Department of State's Division of Corporations.
      iii. Provide the Federal Employer Identification Number (FEID) for the business.
      iv. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
      v. Select the box that indicates the type of business ownership for the talent agency.
      vi. Applicants must provide the business mailing address of the talent agency.
      vii. Provide the business location address of the talent agency. This must be a physical location and not a post office box. If the physical location is the same as the mailing address, you may leave this information blank.
      viii. Provide the name, contact information and Social Security number for the operator of the talent agency.
   b. **Section II- Ownership Information**
      i. List all persons with an ownership stake in the business that is greater than or equal to 10%. This includes partners, associates, and profit managers who hold a financial interest in the talent agency. If owned by a corporation, provide the name and percent of ownership for the corporation(s) having ownership. Per Section 559.79, Florida Statutes.
      ii. If the talent agency is operating as a corporation or limited liability corporation, provide the name, title, Social Security number, and address for each officer, director, chief executive officer, or other person who is able to directly or indirectly control the operation of the talent agency.
   c. **Section III- Applicant Information**
      i. **All owners and operators of the talent agency must complete sections III, IV, and V.**
      ii. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
      iii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the Prior Name information section.
      iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
      v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
      vi. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
      vii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
      viii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
   d. **Section IV (a), (b), and (c)- Background Questions**
      i. Applicants must submit answers to each of the background questions.
      ii. Question 1:
         (1) If you answer "Yes" to this question, you must complete Section IV (b) of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence**. If you are unable to supply this documentation, a certified statement from the Clerk of Court for the relevant jurisdiction stating the status of records is required.
      iii. Question 2:
         (1) If you answer "Yes" to this question, you must complete Section IV (c) of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

iv. Question 3:

(1) If you answer “Yes” to this question, you must complete Section IV (c) of the application and supply copies of documentation explaining the denial or pending action.

v. Question 4:

(1) If you answer “Yes” to this question, you must complete Section IV (c) of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

e. **Section V- Affirmation by Written Declaration**

i. Please read and sign the affirmation by written declaration.

ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Application for Licensure as a Talent Agency
Form # DBPR TA-1

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at (**850) 487-1395**.
For additional information see the Instructions at the beginning of this application.

Section I- Business Information

BUSINESS INFORMATION			
Business Name		Federal Employer ID Number (FEID)	
Doing Business As (D/B/A) Name			
Business Type:**(Select ONE only)** ❑ Sole Proprietor ❑ Corporation or LLC ❑ Partnership ❑ Other			
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)	Country		
TALENT AGENCY OPERATOR INFORMATION			
Last Name	First	Middle	Suffix
Social Security Number*			
Phone Number	E-Mail Address		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Ownership Information

BUSINESS OWNERSHIP	
Please list all persons with ownership greater than or equal to 10%. This includes partners, associates, and profit managers who hold a financial interest in the talent agency. If owned by a corporation, provide the name and percent ownership for the corporation(s) having ownership.	
Name	**% Ownership**
1.	
2.	
3.	
4.	
5.	

CORPORATIONS OR LLCs ONLY		
Please provide the following information for each Officer, Director, Chief Executive or other person who is able to directly or indirectly control the operation of the talent agency.		
1. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
2. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
3. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
4. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
5. Name	Title	Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III – Applicant Information
All owners and operators of the talent agency must complete the following sections.

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last Name	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender ❑ Male ❑ Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Phone Number	E-Mail Address		
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III – Applicant Information – continued

PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? ❑ Yes ❑ No If your answer is yes, state name or names used below:			
Last Name	First	Middle	Suffix
Last Name	First	Middle	Suffix
Last Name	First	Middle	Suffix

Section IV(a) –Background Questions

BACKGROUND QUESTIONS	
1. ❑ Yes ❑ No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. ❑ Yes ❑ No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3. ❑ Yes ❑ No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4. ❑ Yes ❑ No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(d) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section IV (b) or (c), attach additional pages as necessary.

Section IV (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? ❑ Yes ❑ No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? ❑ Yes ❑ No
Description	

Section IV (c) – Explanation(s) for Background Questions 2 through 4

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section V – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**	
Signature:	Date:
Print Name:	

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Talent Agency Bond Form

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at ***(850) 487-1395.***

TALENT AGENCY BOND

To be filed with the Department of Business and Professional Regulation, State of Florida. KNOW ALL PERSONS BY THESE PRESENT, that we_____(**Principal** - Name of Talent Agency)

a/an _____ (Individual, Partnership or Corporation), with a

business located at _____

are held and firmly bound unto the State of Florida, Department of Business and Professional Regulation, in the penal sum of FIVE THOUSAND DOLLARS ($5,000), to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.

WHEREAS, the above bound Principal, having applied to the Department of Business and Professional Regulation for a license to operate as a talent agency in accordance with the laws of the State of Florida, and

WHEREAS, a license is required to engage in business as a talent agency:

It is a condition of this bond that the said Principal is to comply with all the laws and regulations governing the acts of talent agencies in Florida and a further condition of this obligation is that the Principal and Surety to this bond shall be subject to suit by action thereon by any person who shall sustain actionable injuries or loss or damage, including reasonable costs and attorney's fees, by the conduct on the part of the Principal, and it shall be for the purpose of indemnifying any person injured or damaged or who may suffer loss, due to any wrongful act of the Principal, his agents, or employees.

Regardless of the number of years this bond remains in force or the number of premiums paid, and regardless of the number or amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of the bond.

The inception date of this bond **begins** on _____, 20_____, and this bond continues in effect until May 31 of the next even numbered year. The surety bond filed with the Department must reflect the effective date until May 31st of an even year.

The Surety may, at any time, cancel or not renew this bond by giving thirty (30) days written notice by registered mail to the Department of Business and Professional Regulation Talent Agencies Office. The Surety shall, however, remain liable for any defaults under this bond committed prior to the expiration of such thirty (30) day period.

Signed, sealed and dated this _____ day of _____, 20____.

Witness:

_____
Witness to Principal's Signature

Principal:

_____
Name of Talent Agency

By_____
(Signature must agree with owner's signature on application)

_____
Surety Company

Countersigned

By_____
Agent of Surety Company

By_____
Attorney-in-fact (Signature)

Information Needed from the Insuring Agency (Please Type)

Name of Agency:_____

Address:_____

FEID #::_____

Telephone Number:_____

Bond Number Assigned:_____

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Moral Character Affidavit

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at ***(850) 487-1395.***

MORAL CHARACTER AFFIDAVIT		
I, _____, verify that I am not an artist as defined in Chapter 468.401(8), Florida Statutes, and state that I have known _____, applicant for a license to do business as a talent agency in _____ in the (Municipality or County) State of Florida, for at least three (3) years; and, that said applicant is a person of good moral character or, in the case of the applicant being a corporation, that said corporation has a reputation for fair dealing		
Street Address		
City	State	Zip Code

By signing/typing your name below you certify that you are empowered to execute this document. You acknowledge and understand that your signature submitted on this executed document has the same legal effect as an oath or affirmation without the need for witnesses in accordance with Section 559.79, Florida Statutes. Under the penalties of perjury, you declare and say that you have read the foregoing document and swear and/or affirm that the information provided herein is true and correct. You understand that falsification of any material information on this document may result in criminal penalty.

Print Name	Date
Signature	

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Operator Work Experience Form

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at ***(850) 487-1395****.*

If you are self-verifying your experience you must include details of all jobs performed that fall under related experience per Florida Statute 468.403. A person cannot self-verify experience, if they were previously operating an unlicensed Talent Agency. Self-verification of experience may require your application to be sent to the Talent Agency Office for further review.

APPLICANT INFORMATION			
Last Name	First	Middle	Suffix

CURRENT OR FORMER EMPLOYMENT VERIFICATION (DUPLICATE FORM AS NECESSARY)		
Employing Agency/Company Name:		
Agency/Company Address:		
City:	State:	Zip:
Date Employed: From:	To:	Agency/Company Phone Number: ( )
Supervisor of Applicant:		
Position of Applicant: Give a "**detailed description**" of the applicant's duties, including any hands-on supervisory responsibilities:		
By signing this statement, I attest that the information provided is true and accurate.		
Name and Title of Person Verifying Employment (please print or type)	Signature	Date