

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Consumer Services



**ADAM H. PUTNAM
COMMISSIONER**

GAME PROMOTION FILING PACKET

s. 849.094, F.S.

5J-14.003

Florida Department of Agriculture and Consumer Services
Game Promotion Filing Packet

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Enclosed are all forms necessary to file with the Department. If you have any questions, please contact the Division of Consumer Services at 1-800-HELP-FLA (435-7352), (850) 488-2221, or via fax at (850) 921-8201.

Bond forms change; this is for educational purposes only.

APPLICATION CHECKLIST AND INSTRUCTIONS

Florida law requires that you file your game promotion with this office at least seven (7) days prior to its commencement. However, it is recommended that you submit your application and associated documents as soon as possible so that we may assist you in resolving any potential problems.

- 1. Complete the Filing Application form; page 1 of your application packet.
- 2. If your financial security is a trust account, execute the Statement of Trust Account form; page 3 of your application packet.
- 3. If your financial security is a surety bond, please use form provided.
- 4. If you wish to submit a waiver, execute the Affidavit of Request for Waiver; page 4 of your application packet. For a waiver request to be considered, operators must meet the eligibility criteria outlined in s.849.094(4)b, F.S.
- 5. Review the Rules and Regulations for the Game Promotion; verify that they are complete and in compliance with s.849.094, F.S. Remember, rules and regulations must be filed seven (7) days prior to commencement and may not be modified thereafter.
- 6. Submit the filing fee in the form of a check or money order made payable to FDACS in the amount of \$100. The filing fee is non-refundable.
- 7. Attach the following to the Filing Application:
 - (a) Filing fee of \$100
 - (b) Original financial security
 - (c) Rules and Regulations
- 8. Review the entire application packet for accuracy and completeness.
- 9. **Mail application and attachments to:**

Florida Department of Agriculture and Consumer Services
P.O. Box 6700
Tallahassee, Florida 32399-6700

Mail overnight packages to:

Florida Department of Agriculture and Consumer Services
407 S. Calhoun St., First Floor
Attention: Finance and Accounting
Tallahassee, FL 32399-0800

Bond forms change; this is for educational purposes only.

Every operator of a game promotion with the total announced value of the prizes offered is greater than \$5,000 shall establish a trust account, obtain a surety bond, or submit a waiver. Please provide information below for the document submitted. Complete and submit the appropriate form. See attachments.

Please select One:

- Surety Bond Number: _____ Amount: \$ _____
- Trust Account Number: _____ Amount: \$ _____
- Request for Waiver of Surety Bond or Trust Account

As required by s. 849.094, F.S., please provide the number and description of all prizes included in the Game Promotion:

Number of Entry Forms to be Made Available:

Combined Value of Prizes Offered:

_____, _____, _____

\$ _____, _____, _____

Geographic Area Covered:

PROVIDE INFORMATION BELOW IF FILING APPLICATION WILL BE SUBMITTED BY SOMEONE OTHER THAN THE OPERATOR.

Full Name of Company (Promoter/Administrator) Submitting Forms:

Federal Employer ID Number: [s.119.092, F.S.]

_____ - _____

Relationship to Operator:

Name of Contact Person:

Title of Contact Person:

Address of Contact Person:

City:

State:

Zip Code:

Telephone Number:

Email:

(_____) _____ - _____

I hereby certify that to the best of my knowledge this application is true and correct.

Signature of Operator or Operator's Representative

Date

Title

NOTE: The Department shall not accept for filing a Game Promotion Statement of Trust Account which is not printed on the official letterhead of the acknowledging financial institution.

Game Promotion Statement of Trust Account

Date: _____
Month / Day / Year

This certificate evidences that on the _____ day of _____, 20____, a trust account,

number _____ was opened by _____
Full Legal Name of Operator

at this financial institution, _____
_____,
Name of Financial Institution

located at _____
Address of Financial Institution (Street - City - State - Zip Code) _____
Phone # Including Area Code

for the Game Promotion entitled _____

commencing _____
Month / Day / Year

This certificate evidences an account balance in the amount of \$_____. Pursuant to s. 849.094, F.S., funds cannot be withdrawn from this account without the written authorization of the Florida Department of Agriculture and Consumer Services.

Any false statement made on this form is a misdemeanor of the second degree and is punishable as provided in ss. 775.082 and 775.083, F.S.

Name of Financial Institution _____
Signature of Financial Institution Official

Date _____
Title of Signing Official

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Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**AFFIDAVIT OF REQUEST FOR WAIVER
OF TRUST ACCOUNT OR SURETY BOND**

s.849.094(4)(b), F.S.

1-800-HELP-FLA (435-7352) • 850-488-2221 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Return completed form to:
FDACS
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, personally appeared _____,
Name of Operator's Representative

who having first made due oath or affirmation, states : I am an officer with the title of _____,
Title

of _____,
Full Legal Name of Operator

To the best of my knowledge, the said operator has conducted game promotions in the State of Florida for not less than five (5) consecutive years, and has not had any civil, criminal or administrative action instituted against said operator by the State of Florida or any agency of the State for any violation of s. 849.094, F.S., within said five-year period.

Waiver of the trust account or bond provisions of s. 849.094(4)(b), F.S., is hereby requested for the game promotion entitled:

which commences _____,
Month / Day / Year

Signature of Operator's Representative

Print Name of Operator's Representative

Representative's address: _____
Street - City - State - Zip Code

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

by _____, who is personally known to me or who has produced
Name of Operator's Representative

_____ as identification.

(SEAL)

Notary Public Signature

Print, Type or Stamp Name of Notary

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Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**GAME PROMOTION
SURETY BOND**

ss.849.094, Florida Statutes

1-800-HELP-FLA (435-7352) • 850-488-2221 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Return completed form to:
FDACS
Terry Lee Rhodes Building
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)

Name (Legal name as registered with the Florida Department of State followed by fictitious/dba name):

Physical Street Address:

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: (_____) _____ - _____

Bond forms change; this is for educational purposes only.

Bond # _____

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"), the sum of \$ _____ for the purpose of paying the prizes offered in the game promotion named _____ . This bond shall be amenable to and enforceable only upon certification to the Department of Agriculture and Consumer Services of the name of the winner or winners, the amount of the prize or prizes, and the value thereof, or upon direction to the surety from the Department for payment. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed all duties and requirements 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 provisions of ss.849.094, F.S., 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 game promotion filing 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 (Seal)*

Witness _____ *Title*

Full Legal Name of Principal

Surety

Witness _____ *Signature (Seal)*

Witness _____ *Title*

Local Agent

Name of Local Agent _____ *Address*

Contact Person _____ *Contact Telephone Number*

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ City: _____ State: _____ Zip: _____

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)
STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM