

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

Location Notification Form

GENERAL INSTRUCTIONS

Form OFR-560-02 is the form used by Money Services Business licensees to notify the Office that a licensee has either opened or closed a location or has added or terminated an authorized vendor.

Licensee must file this form no later than sixty (60) calendar days from the date that either a location opens or closes for business or an authorized vendor commences or ceases activities on behalf of the licensee.

*For the purposes of this form, the sixty (60) day time-frame begins at the date of the first/last transaction initiated by a location.

Do not file this form for the registrant's main office.

This form is divided into the following sections:

- Type of Notification (Add or Terminate)
- Date Location/Vendor commenced or ceased operations
- Licensee Information
- Location/Vendor Information
- Signature/Title/Date of Signature

When filing this form to add a new location or vendor, include a check in the amount of \$38 for each location or vendor.

Make the check payable to:
Department of Financial Services

Return the completed form to:
**Office of Financial Regulation
Division of Finance
200 East Gaines St
Tallahassee, FL 32399-0376**

1. Type of Notification

Check the appropriate box for the type of notification. Check only one box. **NOTE: A \$38 fee per location/vendor is required when adding new locations or vendors.**

2. Date Location/Vendor Commenced or Ceased Operations

When adding a new location, enter the effective date the location commenced operations. When adding a new vendor, enter the effective date the vendor commenced operations on behalf of the licensee. When terminating

a location, enter the effective date the location ceased operating. When terminating a vendor, enter the effective date the vendor ceased operating on behalf of the licensee. **Enter the date in the following format: MM/DD/YYYY**

3. Licensee Information

File number – This number is assigned by the Office of Financial Regulation.

Licensee's FEID# - This is a nine digit number assigned by the IRS. If the licensee is a sole proprietor using a social security number in lieu of FEID #, then enter the social security number in the box at the bottom of the form in the space labeled "Licensee's SSN #".

Name of the Licensee – Name under which license is issued.

Fictitious (D/B/A) Name – Name the business operates under other than the legal entity name.

Contact Person – Provide the name of the person who can answer questions about the information provided in on the form.

Telephone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the form.

4. Location/Vendor Information

Authorized Vendor's FEID# - This is a nine digit number assigned by the IRS. If the authorized vendor is a sole proprietor using a social security number in lieu of an FEID #, then enter the social security number in the box at the bottom of the form in the space labeled "Authorized Vendor's SSN#".

Name of Authorized Vendor – Enter the **full legal business name** of the authorized vendor. The business name should be identical to the name filed with the state of incorporation. If a sole proprietor, enter the full legal name of the individual owner.

Vendor's D/B/A or Fictitious Name – Enter the entire D/B/A or fictitious name as registered with the appropriate registering authority. **If the vendor is not using a D/B/A or fictitious name, answer "N/A" for this question.**

Physical Address of Location/Vendor – Provide the street address on file with the postal service. **Street addresses only - do not use a P.O. Box. Registrant's are not required to file location forms for locations or authorized vendors outside the State of Florida.**

Mobile Unit Information – If the location is a mobile unit, provide the last six (6) digits of the vehicle identification number.

5. Signature/Print Name/Title/Date

The report must be signed by an authorized person of the licensee. Include the authorized signor's printed name, title and date signed.

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

**LOCATION NOTIFICATION FORM
Chapter 560, Florida Statutes**

TYPE OF NOTIFICATION:

- ☐ Add New Branch/Vendor Appointment
☐ Terminate Branch/Vendor Appointment

DATE LOCATION/VENDOR COMMENCED OR TERMINATED OPERATIONS: _____
(MM/DD/YYYY)

TYPE OF LOCATION:

- ☐ Branch
☐ (Check this box if the branch is a mobile unit.)

- ☐ Authorized Vendor

LICENSEE INFORMATION (Answer all questions listed below)

1. **FILE NUMBER:** _____
2. **LICENSEE'S FEID #:** _____
3. **NAME OF LICENSEE:** _____
4. **CONTACT PERSON REGARDING THIS FORM:** _____
5. **CONTACT PERSON PHONE #:** (____) ____ -- ____ **FAX #:** (____) ____ -- ____

LOCATION/VENDOR INFORMATION (Answer all questions listed below)

6. **AUTHORIZED VENDOR'S FEID #:** _____
7. **NAME OF AUTHORIZED VENDOR (FULL LEGAL BUSINESS NAME):**

8. **VENDOR'S D/B/A OR FICTITIOUS NAME:**

9. **PHYSICAL ADDRESS OF BRANCH/VENDOR (Street address only - do not use a P.O. Box):**

(Number and Street) (City) (State) (Zip Code)
10. **IF A MOBILE LOCATION, PROVIDE THE FOLLOWING INFORMATION ABOUT THE MOBILE UNIT:
LAST SIX (6) DIGITS OF THE VEHICLE IDENTIFICATION NUMBER** _ _ _ _ _

I, the undersigned authorized person, hereby swear / affirm that I have full authority to sign and verify this notification, that I have read this notification and have knowledge of the information stated herein, and that this notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Signature

Print Name

Title

Date

SSN Section

(For Sole Proprietors only)

Registrant's SSN # _ _ _ - _ _ - _ _ _

Authorized Vendor's SSN # _ _ _ - _ _ - _ _ _