



Tel: 786-469-2300



Fax: 786-469-2311



email: [license@miamidade.gov](mailto:license@miamidade.gov)

### MOTOR VEHICLE LOAN REGISTRATION APPLICATION

**Application Type:** Check one of the following:

Initial

Renewal

2yr Renewal

**TYPE OF OWNERSHIP:** Check one of the following:

Corporation

Sole Proprietor

Fictitious Name

Other \_\_\_\_\_

Date of Inc.: \_\_\_\_-\_\_\_\_-\_\_\_\_

D.O.B.: \_\_\_\_-\_\_\_\_-\_\_\_\_

D.O.B.: \_\_\_\_-\_\_\_\_-\_\_\_\_

### BUSINESS INFORMATION:

1. Company Name: \_\_\_\_\_
2. D/B/A: \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_ County MVT Number: \_\_\_\_\_
7. Federal Tax Identification Number (FEID#): \_\_\_\_\_

**NOTE: IF MORE THAN ONE LOCATION, SUBMIT ONE APPLICATION FOR EVERY LOCATION. P.O BOX IS ONLY ACCEPTABLE FOR THE MAILING ADDRESS.**

### OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

**PERSON(S) IN CHARGE:** Enter the name of the person(s) in charge of actively managing this location.

Name: \_\_\_\_\_

**PROVIDE BELOW THE NAME AND ADDRESS OF YOUR AGENT IN THIS STATE FOR SERVICE OF PROCESS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**ULTIMATE EQUITABLE OWNER:** Please identify the name of each and every owner and ultimate equitable owner.

("Ultimate Equitable Owner" means a natural person who, directly or indirectly, owns or controls an ownership interest in a corporation, a foreign corporation, an alien business organization, or any other form of business organization, regardless of whether such natural person owns or controls such ownership interest through one or more natural persons or one or more proxies, powers of attorney, nominees, corporations, associations, partnerships, trust, joint stock companies, or other entities or devices, or any combination thereof.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

**Please answer yes or no to the following questions:**

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or found guilty of a felony within the last ten (10) years regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has pled nolo contendere to, or been convicted or found guilty of a felony within the preceding ten (10) years, regardless of whether was withheld?
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or been found guilty of a crime involving fraud, dishonest dealing, or any act of moral turpitude regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has pled nolo contendere to, or has been convicted or found guilty of a crime involving fraud, dishonest dealing, or any act of moral turpitude, regardless of whether adjudication was withheld?
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or been found guilty of a crime directly related to the duties and responsibilities of a title loan lender within the preceding ten (10) years regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has been convicted of a crime directly related to the duties and responsibilities of a title loan lender within the preceding ten (10) years, regardless of whether adjudication was withheld?
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Have you or any partner or principal or the corporation been enjoined by a court from engaging in business as a Motor Vehicle Title Loan Lender?
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Have you or any partner or principal or the corporation been convicted of a violation of the Motor Vehicle Title Loan Ordinance?
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Do you or any partner or principal or the corporation have any outstanding or unpaid code enforcement fines due to Miami-Dade County?

**Please answer the following question:**

List the names and principal address of any other corporation, entity or trade name through which any owner, executive officer, partner or director of the registrant was known or did business as a Title Loan Lender with (10) ten calendar days immediately preceding the year in which this application is being filed.

---

---

---

---

---

**Complete the following checklist including those items attached or enclosed with this application:**

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Application                            | <input type="checkbox"/> Copy of Owner's Driver's License                                   |
| <input type="checkbox"/> License Fees – payable to "Miami-Dade County CP" | <input type="checkbox"/> Articles of Incorporation or Fictitious Name                       |
| <input type="checkbox"/> Title Loan Agreement                             | <input type="checkbox"/> MDPD Memos w/ Fingerprint card (provided to you by the department) |
| <input type="checkbox"/> Bond in the amount of \$100,000.00               |   |
| <input type="checkbox"/> Copy of the Department of Revenue Registration   |   |
| <input type="checkbox"/> Current partnership agreement, if applicable     |   |

---

I/We, \_\_\_\_\_, the undersigned \_\_\_\_\_ of  
(print name) (print title)  
the business known as \_\_\_\_\_, certify or declare under penalties of  
(print name)  
perjury under the laws of the State of Florida, that all statements and representations made in this application, including all statements attached hereto, are true and correct and agree to abide by the provisions of Article III of Chapter 8A of the Code of Miami-Dade County. I acknowledge that any misleading, incomplete or false statement may be grounds for denial of this application or suspension or revocation of the registration. Failure to notify the Department of Regulatory and Economic Resources of material changes may be grounds for suspension or revocation of this registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at [https://energov.miamidade.gov/EnerGov\\_Prod/SelfService#/home](https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home) and pay fees.

**Instructions for e-sign:**

- 1) type **/s/** at the beginning of each signature block; 2) then type your full name; 3) date the application.
- Your e-signature should appear as: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE