

Hillsborough County Locksmith Services Business Licensing Application and Important Information

Locksmith services businesses operating in Hillsborough County must apply for a license prior to conducting business in Hillsborough County. The Locksmith Services Businesses Ordinance 13-29 applies to those Locksmith Services businesses that operate in unincorporated Hillsborough County, and the cities of Tampa, Temple Terrace, and Plant City.

- **Locksmith Services Business Ordinance** – Read and review Locksmith Services Business Ordinance number 13-29. The business owner and all employees are covered by the ordinance and should be familiar with the ordinance requirements, the ordinance can be found on our website.
- **Application Fees** – Each biennial application for a Hillsborough County Locksmith Services Business License requires a fee determined by the amount of employees employed by the business applying for the license. Payments can be made by CREDIT or DEBIT CARD online at the following page:

<https://velocitypayment.com/client/bankofamerica/hillsboroughcce/index.htm>

Other methods of payment are Cashier's Check, Money Order, Escrow or Trust Account Checks, made payable to BOCC or "Board of County Commissioners" **NOTE: No Personal Checks Accepted**

Payments should be mailed to:

Hillsborough County Citizen Boards Support

601 E. Kennedy Blvd., 18th Floor, County Center, Tampa, FL, 33602

For your convenience, a payment drop box is also available in the lobby of the 18th Floor

The fee scale is as follows:

- **If the business applying for a license employs 1 to 5 people, the business shall remit an application/license fee in the amount of \$500**
- **If the business applying for a license employs 6-10 people, the business shall remit an application/license fee in the amount of \$750**
- **If the business applying for a license employs 11 or more people, the business shall remit an application/license fee in the amount of \$1000**
- **List of Employees** – "Section C" of the application must be used to list all employees. The applicant must submit a list of all persons associated with the management or operation of the locksmith services business. This list includes, but is not limited, to all owners, operators, and employees.
- **FDLE Background Checks** – The owner and all employees of the Locksmith Services Business who perform locksmith services as defined in the ordinance must undergo a background check. Those owners/employees not local to the area but in the State of Florida must submit electronically scanned fingerprints to the Florida Department of Law Enforcement. In order for Regulatory Compliance to receive the results, the Regulatory Compliance ORI number must be provided at the time of submission. Out of state owners must submit a copy of a criminal history from their state of residence.
- **Liability Insurance** – A locksmith services business must maintain current and valid commercial general liability insurance coverage of at least \$500,000 per incident for loss or damages resulting from the negligence of the locksmith services business or any person it employs to perform locksmith services, other employees or agents.
- **"Section F"** – This section must be completed if the locksmith services business employs any person who has resided outside of the State of Florida in the past seven (7) years.
- **Photo Identification Cards** – Each locksmith services business shall issue a photo identification card to each person employed by the licensee to perform locksmith services on its behalf. All such photo I.D. cards must include the name and photograph of the person as well as the name and license number of the locksmith services business. Each person employed by the licensee to perform locksmith services on its behalf must display the photo identification card on his or her person at all times while performing locksmith services.
- **Sworn and Notarized Statement** – The owner of the locksmith services business must provide a sworn and notarized statement attesting to the veracity and accuracy of the information provided in the application.

The "Application for a Locksmith Services Business License" may be downloaded on our webpage. The application must be **typed** and all sections completed. Any incomplete sections will delay processing and will cause the application to be returned or denied. After completing the application, save it and submit as an email attachment. The notarized statements can be scanned and submitted by email to Isaac Ruffin at RuffinI@HCFLGov.net The application fee should be mailed or paid the same day the application is submitted.



HILLSBOROUGH COUNTY LOCKSMITH SERVICES BUSINESS LICENSE APPLICATION

<input type="checkbox"/> License Application	<input type="checkbox"/> Adding Location
<input type="checkbox"/> Relocation	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Renewal – License # _____

SECTION A: BUSINESS OFFICE INFORMATION:

1. Corporate or Legal Name of Business: _____

2. Fictitious Name or Doing Business As: _____

3. Primary Physical Address: _____

3a. Additional Locations: _____

4. Mailing Address: _____

5. Business Telephone Number(s): _____

6. Business Fax Number(s): _____

7. Name of Business Designated Contact: _____

Designated Contact's Email Address: _____

***NOTE – Correspondence from Hillsborough County regarding the application and license will be sent to this email address.**

8. Florida Department of Revenue Sales Tax Certificate number (If applicable): _____

9. Does the business have a current, valid Hillsborough County or other applicable business tax receipt?

If yes, provide account number on certificate here: _____ Yes No

SECTION B: BUSINESS OWNER INFORMATION:

1. Business Owner Name: _____

2. Business Owner Address: _____

3. Business Owner Phone Numbers: Home _____ Cell: _____

4. Business Owner Email Address: _____

SECTION C: LOCKSMITH SERVICE EMPLOYEE INFORMATION:

(Please refer to Section 5 of Ordinance 13-29 to determine which offenses are considered disqualifying felonies.)

Employee Name	Date of Birth	Home Address	Conviction/ Guilty or nolo contendere plea to disqualifying felony	Does this employee perform locksmith services?
(Business Owner)			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

If anyone listed on the employee list above has lived outside of the State of Florida in the last 7 years, please complete Section F which can be found on the Consumer Protection Website.

If Yes was checked for criminal convictions or pleas, use this section to explain the convictions or pleas.

Name of Employee	Date of Conviction(s)	Location(s)	Charge(s)	Adjudication	Sentence

SECTION D: LIABILITY INSURANCE ATTESTATION:

As the owner of a locksmith services business, I am aware that my business must maintain current and valid commercial general liability insurance coverage of at least \$500,000 per incident for loss or damages resulting from the negligence of the locksmith services business or any person it employs to perform locksmith services, other employees, or agents. I am also aware that I must provide proof of coverage to the Hillsborough County Consumer and Veterans Services Department upon request. Yes No

SECTION E: BUSINESS OWNER AUTHORIZATION AND CERTIFICATION:

Pursuant to Hillsborough County Ordinance 13-29, I understand and agree that I may be asked to provide additional information once my application has been reviewed as a requirement to the issuance of a locksmith license. I also agree to keep records associated with this application available for inspection by Consumer and Veterans Services Department upon request. Once a license has been issued, I agree to provide any supplemental information that may be requested by the Consumer and Veterans Services Department, and to update the locksmith license application within ten (10) days of any changes to the information in this application.

Having been duly sworn, I certify that the foregoing statements are all true, complete and accurate. I understand and agree that any false, misleading, inaccurate, or incomplete statements and/or attachments may result in the denial or revocation of a Locksmith Services Business License.

Business Owner Signature
(before a notary)

Print Name

Notary Certification:

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and did take an oath.

Notary Signature

Notary Seal:

Printed Name of Notary

SECTION F: ADDITIONAL LOCKSMITH SERVICE EMPLOYEE INFORMATION:

Complete this section only if the locksmith services business employs a person who has resided outside of the State of Florida within the past seven (7) years.

1. Employee Name: _____
 2. Previous Address: _____ City, State, Zip: _____
 3. Length of Time Residing at Address: _____
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1. Employee Name: _____
 2. Previous Address: _____ City, State, Zip: _____
 3. Length of Time Residing at Address: _____
-

1. Employee Name: _____
 2. Previous Address: _____ City, State, Zip: _____
 3. Length of Time Residing at Address: _____
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