

Hillsborough County Locksmith Business Services Licensing Application and Important Information

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

- **Locksmith Business Services Ordinance** – Read and review Hillsborough County Code of Ordinances, Part A, Chapter 10, Article XIII. 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.

https://library.municode.com/fl/hillsborough_county/codes/code_of_ordinances_part_a?nodeId=HICOCOORLA_CH10BU_ARTXIIILOSEBU

- **Fees** – Each biennial application for Hillsborough County Locksmith Business Services License requires a fee determined by the number of employees employed by the business applying for the license.

Bi-Annually Required License	Fee	Comment
Locksmith Application (1-5 employees)	\$500.00	Fee is non-refundable and includes associated background check, inspection and placard
Locksmith Application (6-10 employees)	\$750.00	Fee is non-refundable and includes associated background check, inspection and placard
Locksmith Application (11 or more employees)	\$1,000.00	Fee is non-refundable and includes associated background check, inspection and placard

Payments can be made by CREDIT or DEBIT CARD online at the following page:

<https://hcfl.gov/residents/property-owners-and-renters/code-violations/pay-my-code-enforcement-fines-and-registration-fees>

Other methods of payment are Cashier’s Check, Money Order, Escrow or Trust Account Checks, made payable to BOCC or “Board of County Commissioners.”

Payments should be mailed to:

**Hillsborough County Code Enforcement
Attn: R/C Payment Remittance
3629 Queen Palm Drive
Tampa, FL, 33619**

***** NOTE: No Personal Checks Accepted *****

- **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 Business Services 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 printable application for Locksmith Business License” may be downloaded at:

<https://www.hillsboroughcounty.org/library/hillsborough/media-center/documents/code-enforcement/locksmith/locksmith-application--print.pdf>

The fillable application for Locksmith Business License” may be downloaded at:

<https://www.hillsboroughcounty.org/library/hillsborough/media-center/documents/code-enforcement/locksmith/locksmith-application-fillable.pdf>

The “Application for a Locksmith Business Services License” may be downloaded on our webpage. The application must be **typed or printed legibly**, 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 to Isaac Ruffin at RuffinI@HCFLGov.net and mail original to: Regulatory Compliance, C/O Isaac Ruffin, 2709 E Hanna Ave, Tampa, FL, 33602.



HILLSBOROUGH COUNTY LOCKSMITH BUSINESS SERVICES LICENSE APPLICATION

<input type="checkbox"/> Initial License Application	<input type="checkbox"/> Adding Location
<input type="checkbox"/> Relocation of Physical Business Location	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Renewal – HCLOC 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 Article XIII Section 10-435 to determine which offenses are considered disqualifying felonies.)

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

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 business services, 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 Code Enforcement Department, Regulatory Compliance.

SECTION E: BUSINESS OWNER AUTHORIZATION AND CERTIFICATION:

Pursuant to Hillsborough County Locksmith Business Services Ordinance, 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 the Code Enforcement Department, Regulatory Compliance upon request. Once a license has been issued, I agree to provide any supplemental information that may be requested by the Code Enforcement Department, Regulatory Compliance 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 Business Services 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.

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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: _____
-

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: _____
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