

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION RENEWAL NOTICE

**PART A - Please read and follow all instructions carefully. PART "B" of this form is your DBPR License Renewal Notice.**

**Renew Online through DBPR's Online Services** - You may make payments and access your license information using our web services at [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com). Please see the below instructions for activating or accessing your online account:

## **Returning Users:**

- Select "My Account" from the DBPR home page.
- Enter your E-mail Address/User ID and Password to access your account.

## **New Users:**

- Select "My Account" from the DBPR home page.
- Under "Create a New Online Profile" select "Create My Account".
- Complete the User Registration form.
- Once you have created your account, you will need to select "Link an Existing License to My Account".
- Select the Profession/Business category that is appropriate for your license from the drop-down menu.
- Select your License Type from the drop-down menu.
- Enter your license number and the last four digits of your SSN/Tax#.
- You will be prompted to "Add" the license to the registration.
- Once this process is completed, you will be returned to the Main Menu where you can link additional licenses or perform online services, including renewing your linked license(s).

## **Renew via Paper Renewal Form**

If you mail your renewal form, please allow four (4) to six (6) weeks of processing time before calling to confirm the receipt of fees or the status of your license. You can also check the status of your license online.

Please make checks and money orders payable to "**Department of Business and Professional Regulation**" or "**DBPR.**"

### **Please Return Renewal and Payment (if required) to:**

Department of Business and Professional Regulation  
Central Intake and Licensure Unit  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

## **General Renewal Information:**

**Change of Status or Change of Business Name** - An application may be necessary for this change. Please visit [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com) and select "Ask Us" for more information.

**Mailing and/or Location Address Changes** - You can change your mailing and/or location address online from your account or by using the address change block below. However, some types of licenses, such as alcoholic beverages, tobacco, real estate schools, corporations, barber shops, cosmetology salons, etc., must submit the appropriate application to relocate their business.

**Personal Name Change** - If you are requesting a name change, please make sure that a photocopy of one or more of the following approved name change documents accompanies your renewal;

- Marriage License - Must reflect your new name and display the original signature and seal from the Clerk of Court.
- Divorce Decree - Must indicate that a legal name change was completed.
- Court Order - For example adoption, name change, federal identity change, etc. that reflect a legal name change.
- Petition for Name Change - This is part of the naturalization application and must show both your prior and new name.

*Please note:* A driver's license or social security card is not considered appropriate legal documentation to change your name on your DBPR license. If your renewal is submitted without the appropriate legal documentation, your license will be processed in the current name on file.

**Reactivation** - If you remain in an inactive status for more than two (2) consecutive license cycles and wish to reactivate your license, you may be required to meet certain additional reactivation criteria. Please note that business licenses cannot be placed in an inactive status.

**Operating without a license is illegal in the State of Florida and could subject you to administrative fines.**

**For additional renewal information, visit our website at [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com) or contact us at 850.487.1395**

**PART B**

**RENEWAL NOTICE**

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of: \_\_\_\_\_

License #: \_\_\_\_\_

**IMPORTANT:** SUBMITTING YOUR RENEWAL APPLICATION TO THE DEPARTMENT AFFIRMS COMPLIANCE WITH ALL REQUIREMENTS FOR RENEWAL

**CHECK BELOW TO PLACE YOUR LICENSE INACTIVE**  
**(You cannot practice on an inactive license)**

*(VERIFY BOARD REQUIREMENTS FOR THIS CHANGE OF STATUS)*

**LICENSE TYPE:** \_\_\_\_\_

*(AS IT APPEARS ON YOUR LICENSE)*

**EXPIRATION DATE:** \_\_\_\_\_

*(SEE ONLINE RENEWAL INFORMATION)*

**REMIT FEE OF:** \_\_\_\_\_

*(SEE ONLINE RENEWAL INFORMATION. LATE FEE WILL APPLY AFTER EXPIRATION DATE.)*

**Mailing Address**

NAME			
STREET ADDRESS			
CITY	STATE	ZIP	

**Check box below if this is a new address and you want to change your official address:**

- Mailing Address
- Location Address
- Both Addresses

**Location Address**

NAME			
STREET ADDRESS			
CITY	STATE	ZIP	