



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

**Mailing Address**

P.O. Box 5757
Columbia, SC 29250-5757

ATHLETE AGENT ORGANIZATION INSTRUCTIONS FOR INITIAL APPLICATION

S.C. Code Ann. § 59-102-10 *et seq.*
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address

293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

IMPORTANT: Complete the Athlete Agent Organization Initial Application and any additionally required forms in their entirety. Incomplete, illegible or faxed applications will not be accepted. Incomplete information could result in the delay or denial of your application. Please print or type the application information.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Pursuant to the Uniform Athlete Agents Act of 2018, all athlete agents operating in South Carolina must be licensed through the Department, and must renew their license every two (2) years thereafter.

FILING REQUIREMENTS

Application Forms

Applicants must submit the forms required in either subsection (1) or (2):

1. South Carolina specific forms provided by the Department, which include:
 - a. Athlete Agent Organization Initial Application; AND
 - b. Athlete Agent Employee Initial Application(s)
2. Out-of-State Application
 - a. Applicants who have filed an athlete agent application in another state may submit a copy of that application and certificate/license received in lieu of submitting the documents above if all of the following criteria are met:
 - i. The applicant applied for and holds a certificate, registration or license as an athlete agent in a state;
 - ii. The application was submitted to the state within six months preceding the submission of the application to this State;
 - iii. The application contains information substantially similar to or is more comprehensive than the South Carolina application forms;
 - iv. The application was signed by the applicant under penalty of perjury; AND
 - v. The applicant certifies that the information contained in the application is current and accurate.

Application Fees

All requisite fees must accompany the application. The Application Fee is **\$1,500 per agent**.

Contract

A copy of the Agency Contract must be submitted with the filing packet. This contract must comply with the requirements set forth in S.C. Code Ann. § 59-102-100.

Business Records

South Carolina businesses must submit the following business records with their filing packet:

1. A copy of the Articles of Incorporation or Articles of Organization or Agreement; and
2. A certified copy of the last Certificate of Existence, dated not more than 180 days prior to the date of the application, issued by the South Carolina Secretary of State.

Out-of-State businesses must submit the following business records with their filing packet:

1. A copy of the Articles of Incorporation or Articles of Organization or Agreement; and
2. A certified copy of the Certificate of Authority to Transact Business in the State of South Carolina.



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



ATHLETE AGENT ORGANIZATION INITIAL APPLICATION

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 59-102-10 *et seq.*
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address

293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name

(Headquarters/Main) _____

DBA _____

Type of Business
(check one and provide
FTIN or SSN in box to
right) Corporation Limited Liability Company Limited Partnership Limited Liability Partnership

} Fed Tax ID No. _____

Are you in good standing with the Secretary of State's Office?

 Yes No General Partnership Sole Proprietorship

} SSN _____

Physical Address _____

City _____

State _____

Zip _____

Mailing Address _____

(If different from above)

City _____

State _____

Zip _____

Website Address _____

Designated/Registered
Agent* _____

Mailing Address _____

City _____

State _____

Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person** _____

Telephone No. () - _____

E-mail Address _____

Fax No. () - _____

***The contact person is the person the Department will call with any questions about the application.*

SOCIAL MEDIA AFFILIATIONS

List all social media accounts with which the organization is affiliated. Attach additional pages as necessary.

| PLATFORM | ACCOUNT OR URL ADDRESS |
|----------|------------------------|
| | |
| | |
| | |
| | |

INTERESTED PARTIES

Attach additional pages as necessary.

If the business is **not a corporation**, list all: (1) partners; (2) members; (3) officers; (4) managers; (5) associates; and (6) profit-sharers of the business who hold an equity of five percent or greater.

If the business is **a corporation**, list all: (1) officers; (2) directors; and (3) any shareholder having an interest in the corporation of five percent or greater (including limited or silent partners).

| NAME | ADDRESS | POSITION |
|------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

AGENTS

List all agents who are expected to solicit or recruit or assist in soliciting or recruiting South Carolina student athletes, including applicant. Attach additional pages as necessary. **NOTE:** A separate Athlete Agent Employee Form must be completed/submitted for **each** agent listed below.

| NAME | ADDRESS |
|------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

QUESTIONS

1. Have any of the persons listed in the *Interested Parties* section above ever been convicted of a felony or an offense involving breach of trust, moral turpitude or dishonest dealings? Yes No
If "Yes," provide details about the offense, including the crime, the law enforcement agency involved, the date of conviction, and the fine/penalty imposed.
 2. Have any of the persons listed in the *Interested Parties* section above been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of legal incompetence, within the past fifteen (15) years? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
 3. Do any of the persons listed in the *Interested Parties* section above have an unsatisfied judgment or a judgment of continuing effect, including alimony or a family court order for child support, which is not current at the date of this application? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
 4. Have any of the persons listed in the *Interested Parties* section above been adjudicated bankrupt or been the owner of a business that was adjudicated bankrupt within the past ten (10) years? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
 5. Has there been any administrative or judicial determination that any of the persons listed in the *Interested Parties* section above has made a false, misleading, deceptive, or fraudulent representation? Yes No
If "Yes," provide details including dates and a full explanation of each matter or proceeding.
 6. Has there been an instance in which the conduct of any of the persons listed in the *Interested Parties* section above resulted in a sanction, suspension, or declaration of ineligibility to participate in interscholastic or intercollegiate athletic events against a student athlete or educational institution? Yes No
If "Yes," provide details including dates and a full explanation of each matter or proceeding.
 7. Has there been a sanction, suspension, or disciplinary action taken against any of the persons listed in the *Interested Parties* section above arising out of occupational or professional conduct? Yes No
If "Yes," provide details including dates and a full explanation of each matter or proceeding.
 8. Has there been a denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure of any of the persons listed in the *Interested Parties* section above? Yes No
If "Yes," provide details including dates and a full explanation of each denial, suspension, revocation or refusal.
-

OTHER ATTACHMENTS

Please use list below to verify your application packet is complete. Incomplete packets could result in delay or denial of your application.

- \$1,500 Filing Fee (per individual listed in *Agents* section above)
 - Articles of Incorporation/Organization/Agreement
 - South Carolina Secretary of State Certificate
 - Complete Athlete Agent Employee Initial Application for each individual listed in *Agents* section above
 - Copy of Agency Contract (Must meet the requirements of Section 59-102-100, including the Warning Provision)
-

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.