

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETE AGENT CERTIFICATE OF REGISTRATION:

South Carolina

Mailing Address P.O. Box 5757 Columbia, SC 29250-5757 RENEWAL BUSINESS APPLICATION
S.C. Code Ann. § 59-102-10 et seq. (Supp. 2013)

www.consumer.sc.gov 803-734-4209/800-922-1594 Street Address 2221 Devine St., Ste. 200 Columbia, SC 29205-2418

A. ALL APPLICANTS MUST SUBMIT:

I. APPLICATION FORMS:

- 1.) Athlete Agent Certificate of Registration Renewal Application AND
- 2.) Athlete Agent Employee Form(s)/ Employee Renewal Form These forms must be completed by all Athlete Agents expected to solicit or continue to solicit student athletes, **OR**
- 3.) *Alternate Documents (See D Below)
- **II. FEE:** A Licensing Fee of \$300 per Agent.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IF NOT DONE PREVIOUSLY:

III. CONTRACT: A Copy of the Agency Contract- This contract must comply with Section 59-102-100 of the UAAA of 2004.

IV. BUSINESS RECORDS:

South Carolina businesses must also submit:

- 1.) a copy of your 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 also submit:

- 1.) a copy of your ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, and
- 2.) a certified copy of a Certificate of Authority to Transact Business in the State of South Carolina.

Applications for and Copies of Articles, Certificates of Existence, and Certificates to Transact Business may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158 or www.scsos.com.

- B. Upon review of the completed application packet, the Department will:
 - 1.) inform the applicant that a Certificate of Renewal will be issued; or
 - 2.) deny issuance of a Certificate.
- C. RENEWAL: The Certificate MUST BE RENEWED BIENNIALLY 45 (forty-five) days prior to the expiration.
- D. * **OUT OF STATE APPLICATION:** Applicants who have filed for renewal in other states may submit **a copy of that application** and **certificate** received instead of submitting an application in the form prescribed pursuant to subsection (A)(I) above, IF the following circumstances are met:
 - 1.) The applicant applied for renewal and holds a certificate, registration, or licensure as an athlete agent in another state;
 - 2.) The application was submitted in the other state within six months preceding the submission of the application in this State and the applicant certifies that the information contained in the application is current;
 - 3.) The application contains information substantially similar to or more comprehensive than that required in an application submitted in this State; and
 - 4.) The application was signed by the applicant under penalty of perjury.

<u>Make Checks Payable To</u>: South Carolina Department of Consumer Affairs

Send Completed Applications To: SCDCA: Athlete Agents

P.O. Box 5757

Columbia, SC 29250-5757



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

ATHLETE AGENT CERTIFICATE OF REGISTRATION: RENEWAL BUSINESS APPLICATION

<u>S.C. Code Ann.</u> § 59-102-10 <u>et seq.</u> (Supp. 2013) **www.consumer.sc.gov** 803-734-4209/800-922-1594 Street Address 2221 Devine St., Ste. 200 Columbia, SC 29205-2418

See Application Instructions. Please Type or Print Legibly. In order for your application to be processed, complete all of the following questions. Incomplete information could result in delay or denial of your application. This form, as well as, each supplemental form must be notarized. **Submit 45 days prior to expiration. DO NOT FAX THIS FORM**

1. <i>F</i>	applicant's	wame:					
2. Company Name		Name	(Last) (First)		(Middle) Registration No.		
Trade Name (D/B/A):			(Current Employer)		-		
3. Mailing Address:						4. Phone:	
J. 1	nanning Aut	JI C55.		(Street)			
			(City)	(State)	(Zip Code)	6. Fax:	
5. Physical Address:			(Street)				
			(City)	(State)	(Zip Code)		
7.	YES	NO	Since the last application type.	on, has the business type for the organi	zation changed? If yes, stat	e the new	
8.			Has there been any change to the partners, members, managers, associates, profit-sharers. officers, directors or any shareholders of the business having an interest of 5% or greater? If yes, attach complete details of the change, including the name, address, and position of new persons.				
9.			Have there been any changes to the Background Questions? (#12-#17 on the Athlete Certificate for Registration Application). If yes, attach complete details.				
10.			Has the List of Athlete Agents expected to solicit or recruit or assist in soliciting or recruiting student athletes in South Carolina, changed? If yes, attach details of the change, including the name and address of new agents. NOTE: New agents must complete a separate Athlete Agent Employee Form. Sustaining agents must complete an Employee Renewal Form.				
11.	OTHER	R ATTACH		e checklist below to verify your applicati packets could result in delay or deni			
	If Not F	Previously	Submitted : Articles	s of Incorporation/ Organization/ Agreen		ate Certificate	
	All App	licants Mu	st Submit: 🗌 Agent E	mployee Forms / Renewal Employee For	rms for each Agent 🔲 \$30	0 Filing Fee per Agent	
all in that the agree	nformation giving fals application ees to upda	contained e informa or license te and co	herein and in all adden- tion in this application of and subjects him/her to rect this information as	•	d accurate. The undersigned constitutes cause for denial	further certifies or revocation of	
this		day of		_, 20 Signature			
Notary Public For: My Commission Expires:				Print name, and Busin	Print name, and Business Relationship or Title		