

**DBPR ABT-6008 – Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION**

**NOTE – This form must be submitted as part of an application packet**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.*

[http://www.myflorida.com/dbpr/abt/district\\_offices/licensing.html](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b> <input type="checkbox"/> New License <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Officers/Stockholders	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Corporate Document Number	
SECTION 2 - CHECK LICENSE CATEGORY	
<input type="checkbox"/> Importer <input type="checkbox"/> Broker Sales Agent	

SECTION 3 - LICENSE INFORMATION			
Full Name of Applicant (If this is a corporation or other legal entity, enter the name as registered with the Secretary of State)			
Trade Name (D/B/A)			
Florida Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
FEIN Number	Business Telephone Number	Current License Number, if applicable	

**SECTION 4 – PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION**

**This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.**

1.	Trade Name (D/B/A)					
2.	Full Name of Applicant					
	Social Security Number*			Home Phone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number)					
	City			State	Zip Code	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include city and state.					
	Trade Name (D/B/A)				License Number	
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	D/B/A Name				Date	
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Certified Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

8.	Have you ever been arrested or issued a notice to appear in any state of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a <b>CERTIFIED COPY OF THE DISPOSITION. Attach additional sheet if necessary.</b>						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Location</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Type of Offense</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> </td> </tr> </table>	Date	Location	Type of Offense			
Date	Location						
Type of Offense							
9.	Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:						
<b>NOTARIZATION STATEMENT</b>							
"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in Section 6 of this application. I further swear or affirm that the foregoing information is true and correct."							
STATE OF _____							
COUNTY OF _____							
_____ APPLICANT SIGNATURE							
The foregoing was ( ) Sworn to and Subscribed OR ( ) Acknowledged Before me this _____ Day of _____, 20____, By _____ who is ( ) personally known to me OR ( ) who produced _____ as identification.							
_____ Commission Expires: _____ <div style="display: flex; justify-content: space-between;"> <span>Notary Public</span> </div>							

(ATTACH ADDITIONAL COPIES AS NECESSARY)

**\*Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes.

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED**

Trade Name (D/B/A) \_\_\_\_\_

- |    |   |                             |   |
|----|---|-----------------------------|---|
| 1. | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved?   |
| 2. | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan. <b>No architectural drawings are accepted.</b> |                             |   |

AB&T Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved       Disapproved

Comments \_\_\_\_\_

\_\_\_\_\_

**SECTION 6 – DISCLOSURE OF INTERESTED PARTIES**

**Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.**

Trade Name (D/B/A)

1. List below the name, title and address for all principals of the business. Attach extra sheets if necessary.

NAME	TITLE	ADDRESS

2. Have you in the past or presently, individually or as an officer or stockholder of a corporation in this state or any other state:

a. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which sells any alcoholic beverages at retail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which manufactures, distributes, imports or exports any alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to either of these questions is "yes", list full particulars to include business names, cities, states, and dates.




