

DBPR ABT-6010 – Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups

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

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation at (850) 488-8284. Please send your completed application to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-1021

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Addition to Pool Group	<input type="checkbox"/> Change of Pool Buying Agent
<input type="checkbox"/> Deletion from Pool Group	<input type="checkbox"/> Change of Pool Name
<input type="checkbox"/> Change of Agent Mailing Address	<input type="checkbox"/> Change of Agreement Amendments (Submit Copies of Changes)

SECTION 2 - POOL BUYING GROUP INFORMATION		
Full Name of Pool Buying Group	Group Number	
Mailing Address (Street or P.O. Box)		
City	State FL	Zip Code
Pool Buying Agent's Name	Phone Number () -	
Authorized Contact Person (if other than Pool Buying Agent)	Phone Number () -	

SECTION 3 - POOL BUYING GROUP ADDITIONS OR DELETIONS		
If adding a temporary license holder to the group, a copy of the temporary license must be attached		
Full Name of Licensee	License Number	Series/Type
Trade Name (D/B/A)	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion
Full Name of Licensee	License Number	Series/Type
Trade Name (D/B/A)	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion
Full Name of Licensee	License Number	Series/Type
Trade Name (D/B/A)	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion
Full Name of Licensee	License Number	Series/Type
Trade Name (D/B/A)	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion

(Attach additional sheets as necessary)

SECTION 4 - CHANGES TO POOL BUYING GROUP			
<input type="checkbox"/> Change of Pool Buying Agent (Enter New Agent's Name and Information)			
Full Name of Licensee		License Number	
Trade Name (D/B/A)		<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License	
<input type="checkbox"/> Change of Pool Buying Group Name			
New Pool Buying Group Name			
<input type="checkbox"/> Change of Agent Mailing Address		<input type="checkbox"/> Change of Authorized Contact Mailing Address	
Street Address			
City	County	State FL	Zip Code
AUTHORIZED SIGNATURE OF POOL AGENT			
_____ Authorized Signature of Pool Agent			Date _____

FOR DIVISION USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Reason for Disapproval:	

Date _____	Initials _____