

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form
ABT-6026
Revised 09/2010

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 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

SECTION 1 - TRANSACTION REQUESTED	
Transaction Type: New Registration	

SECTION 2 - LICENSE INFORMATION			
Full Name of Applicant: (This is the name the license will be issued in)		Department of State Document #	
Business Name (D/B/A)			
Principal Office Address (Street and Number)			
City	County	State FL	Zip Code
Mailing Address	City	State	Zip Code
Has applicant complied with all federal regulations, including federal permitting regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3 – RELATED PARTY PERSONAL INFORMATION			
All related parties must complete this section.			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
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Residence Address (city, state, zip code)			
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Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
(ATTACH EXTRA SHEETS AS NECESSARY)			

* 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 4 - COMPANY AFFILIATION

Business Name (D/B/A)

Have you in the past or presently, individually, or as an affiliate of any legal entity in this state or any other state:

Yes

No

a. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which sells any alcoholic beverages at retail?

Yes

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?

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

**SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such hereby acknowledge that access must be provided to authorized employees of the division to all business premises, inventories, and records, including all records of transporter, warehouses, and exporters required by the Federal Government for the purpose of conducting audits and inventories.

I swear under oath or affirmation under penalty of perjury as provided in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct and that no other person or entity except as indicated herein has an interest in the export business and that all of the above listed persons or entities meet the necessary qualifications to register as an exporter."

STATE OF _____

COUNTY OF _____

APPLICANT SIGNATURE

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day

of _____, 20____, By _____ who is () personally
(print name(s) of person(s) making statement)

known to me OR () who produced _____ as identification.

Commission Expires: _____

Notary Public