

DBPR ABT-6026 – Division of Alcoholic Beverages and Tobacco Application for Exporter Registration

**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 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 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> New Registration	
SECTION 2 - CHECK TYPE OF APPLICANT	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	Florida Corporate Charter Number: _____
<input type="checkbox"/> Limited Partnership	

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)				
Business Name (D/B/A)				
Principal Office Address (Street)	City	County	State	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				
List below the name, title and address for all principals of the business				
NAME		TITLE		ADDRESS
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
(Attach extra sheets as necessary)				

SECTION 4 - COMPANY AFFILIATION

Business Name (D/B/A)

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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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? |
| <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? |

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**

Business Name (D/B/A)

"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 _____ APPLICANT (Signature must be notarized)

COUNTY OF _____ APPLICANT (Signature must be notarized)

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.

Notary Public Commission Expires: _____