

**INSTRUCTIONS FOR COMPLETING
DBPR ABT- 6017
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION AND INSPECTION REPORT
FOR OFF-PREMISES STORAGE PERMIT**

Application begins on page 2

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

GENERAL INSTRUCTIONS

The application and inspection report for off-premises storage of alcoholic beverages is filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions are applicable and must be answered fully and truthfully.

You must provide an original and a copy of the application. All signatures must be original.

APPLICATION REQUIREMENTS

Sketch of Premises

Draw, in ink, a complete sketch of the premises which includes all walls, doors, counters, sales areas, storage areas, etc. **No architectural drawings are accepted.**

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Off-Premises Storage Permit	<input type="checkbox"/> Complete DBPR ABT-6017 Division of Alcoholic Beverages and Tobacco Application and Inspection Report for Off-Premises Storage Permit <input type="checkbox"/> Submit a complete sketch of Storage Premises with this application

**DBPR ABT-6017 – Division of Alcoholic Beverages and Tobacco Application and Inspection
Report for Off-Premises Storage Permit**

**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 - APPLICANT INFORMATION			
Trade Name (D/B/A)			
Full Name of Applicant			
Location Address			
City	County	State	Zip Code
Beverage License Number	Series	Type	
Location Address of Proposed Off-Premises Storage (must differ from licensed premises address)			
City	County	State	Zip Code

**SECTION 2 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Trade Name (D/B/A) _____

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that the accompanying sketch or blue print is substantially a true and correct representation of the storage premises to be permitted and agree that the storage premises, if approved, may be inspected and searched during business hours or at any time the premises is occupied without a searched warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers.

I further agree that in the event said premises are altered or any additions are made thereto, such alterations or added portions to the said premises may be inspected in the same manner and by the same officers as is agreed to in the case of the original premises that may be licensed.

I further agree that the accompanying sketch will become and is a part of the application for a permit."

STATE OF _____

APPLICANT SIGNATURE _____

COUNTY OF _____

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:

Notary Public

**For Division Use Only
SECTION 3 - REPORT OF INSPECTING OFFICER**

Date of Inspection _____

The above premises have been inspected and it is recommended that the application be:

Approved

Disapproved

Comments:

Inspector's Signature _____ Date _____

SECTION 4 - SKETCH OF STORAGE PREMISES

Trade Name (D/B/A)

Sketch Verified By _____ Date _____

DISTRICT OFFICE ACTION

Trade Name (D/B/A)

Approved Disapproved

Signature: _____