

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

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. Incomplete applications will be disapproved. All questions are applicable and must be answered fully and truthfully.

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant.

You must provide an original 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.

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**

**DBPR Form
ABT-6017
Revised 09/2010**

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

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SECTION 1 - APPLICANT INFORMATION			
Business Name (D/B/A)			
Full Name of Current Licensee			
Location Address			
City	County	State FL	Zip Code
Beverage License Number	Series	Type	
Location Address of Proposed Off-Premises Storage (must differ from licensed premises address)			
City	County	State FL	Zip Code

SECTION 2 - SKETCH OF STORAGE PREMISES

**SECTION 3 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

"I, the undersigned individual, or if a registered legal entity for itself and its related parties, hereby swear or affirm that the accompanying sketch is 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 _____

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

ABT District Office Received / Date Stamp