

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6014  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
CHANGE OF LOCATION/CHANGE IN SERIES OR TYPE APPLICATION**

**Application begins on page 3**

*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](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

**GENERAL INSTRUCTIONS**

Applications for change of location or change in series or type are filed with the Division of Alcoholic Beverages and Tobacco. You may also change the business name in conjunction with one of these actions. 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 and duplicate copies of all supporting documentation. All signatures must be original. If eligible, a temporary license may be purchased.

**Note:** Florida law prohibits licensees from assuming operation of a premises selling alcoholic beverages or a bottle club prior to obtaining a temporary or permanent license for the location in the licensee's name. Florida law also prohibits licensees from selling alcoholic beverages not authorized by their current license prior to obtaining a temporary or permanent license. When applicable, you must submit two legible and executed copies of the following: Lease, Purchase Agreements, Franchise Agreements, Management Contracts, Service Agreements, and any agreements which require a percentage payment from the business operation.

**APPLICATION REQUIREMENTS**

**Health Approval**

Health approval is required on all applications for consumption on the premises. Businesses that serve food or are located on premises licensed by the Division of Hotels and Restaurants, must obtain approval from that division. Businesses that do not serve food must contact the County Health Authority or the Department of Health. Food service establishments located in grocery and convenience stores, bakeries or delicatessens must contact the Department of Agriculture and Consumer Services. Applications must be submitted within **90 days** of receiving this approval.

**Zoning Approval**

Zoning approval is executed by the city or county zoning authority in which the business to be licensed is located. Zoning approval is required on all new and change of location applications unless the applicant is a state college or university located on State owned property. Zoning approval may also be required for certain change or increase in series applications. Zoning approval is not required on new applications for 1APS licenses unless required by a city or county ordinance for the county in which you are applying. Please check with your local authority for their requirements. Applications must be submitted within **180 days** of receiving this approval.

**Department of Revenue Clearance**

Department of Revenue clearance is required on applications for all new, transfer, change of location, and correction of information applications which change the licensee's name. This section of the application should be submitted directly to the Department of Revenue for completion. Applications must be submitted within **90 days** of receiving this approval.

### **Affidavit of Applicant**

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant; all partners of a general partnership; all general partners of a limited partnership; all managing members of a limited liability company; or one of the officers of a corporate applicant.

### **Corporate and Limited Partnership Registration**

All corporations, domestic or foreign; general partnerships; limited liability corporations; and limited partnerships are required to be registered with the Florida Secretary of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 for further information. Your application cannot be accepted by this division without this registration.

### **Surety Bond**

Surety bonds are required on all new applications for manufacturers, wholesale distributors of alcoholic beverages, wholesale distributors of cigarettes, and other tobacco products. A surety bond or a rider to the original bond must be submitted on any change of business name, change of location or change of ownership name application by the aforementioned. Contact the division's Auditing Office for further information. You may wish to have Auditing review your surety bond prior to submitting this application.

### **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**

Select the appropriate transaction below and comply with the corresponding application requirements.

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Change of Location</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Pay \$35 fee (make checks payable to the Department of Business and Professional Regulation)</li><li><input type="checkbox"/> Complete DBPR ABT-6014 Division of Alcoholic Beverages and Tobacco Change of Location/Change in Series or Type Application form</li><li><input type="checkbox"/> Manufacturers, Alcoholic Beverage Wholesale Distributors, and Tobacco Products Wholesale Distributors must complete DBPR ABT-6032 Division of Alcoholic Beverages and Tobacco Surety Bond Application or submit Certificate of Deposit/Irrevocable Letter of Credit from banking institution</li><li><input type="checkbox"/> Copies of Agreements with Interested Parties</li></ul>
<b>Change in Series or Type</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> If increasing series, pay \$100 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Department of Business and Professional Regulation)</li><li><input type="checkbox"/> Complete DBPR ABT-6014 Division of Alcoholic Beverages and Tobacco Change of Location Application/Change in Series or Type form</li><li><input type="checkbox"/> Copies of Agreements with Interested Parties</li></ul>
<b>Change of Business Name</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Pay \$10 (make check payable to the Department of Business and Professional Regulation)</li></ul>

**DBPR ABT-6014 – Division of Alcoholic Beverages and Tobacco Change of Location/Change in Series or Type Application**

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

**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.*

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SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Increase in Series	<input type="checkbox"/> Decrease in Series / Change in Type
Series Requested	Type Requested

SECTION 2 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant _____		Corporate Document # _____	
Contact Person		Phone Number	
Current Business Name	Current License #	Series	Type
FEIN Number or Social Security Number*		Business Telephone Number (     )     -     _____	
Location Address			
City	County	State	Zip Code
Check either: <input type="checkbox"/> Location is within the city limits of _____ or <input type="checkbox"/> Location is in the unincorporated county			
Mailing Address			
Section / Name (Attention: – Optional)			
City		State	Zip Code
Do you wish to change the business name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list new name below.			
New Trade Name (D/B/A)			

**SECTION 3 - DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED**

Trade Name (D/B/A) \_\_\_\_\_

- |    |   |                             |   |
|----|---|-----------------------------|---|
| 1. | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved?   |
| 2. | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan. <b>No architectural drawings are accepted.</b> |                             |   |

DBPR Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved       Disapproved

Comments \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 - SALES TAX  
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade Name (D/B/A) \_\_\_\_\_

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending \_\_\_\_\_ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), Florida Statutes. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Department of Revenue Stamp:

**SECTION 5 - ZONING  
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION**

Trade Name (D/B/A) \_\_\_\_\_

Street Address \_\_\_\_\_

City _____	County _____	State _____	Zip Code _____
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Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?"  Yes  No

If this application is for issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A".

- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series \_\_\_\_\_ license.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**SECTION 6 - HEALTH  
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS  
OR COUNTY HEALTH AUTHORITY  
OR DEPARTMENT OF HEALTH  
OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**

Trade Name (D/B/A) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

**SECTION 7 - DISCLOSURE OF INTERESTED PARTIES**

**Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.**

Trade Name (D/B/A) \_\_\_\_\_

1. Are there any persons who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?

Yes       No

If yes, you must list the person(s) or entity and indicate which of the below applies.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

2. Is there a management contract, franchise agreement, or service agreement in connection with this business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you or anyone listed on this application accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 8 – SPECIAL LICENSE REQUIREMENTS  
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate "Special Alcoholic Beverage License" box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

- Quota Alcoholic Beverage License       Special Alcoholic Beverage License  
 Club Alcoholic Beverage License

This license is issued pursuant to \_\_\_\_\_, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial and date:

Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 9 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Trade Name (D/B/A) \_\_\_\_\_

"I, the undersigned individually, 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, I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage and cigarette laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes. I further swear or affirm that the foregoing information is true and correct."

STATE OF \_\_\_\_\_      \_\_\_\_\_  
APPLICANT SIGNATURE

COUNTY OF \_\_\_\_\_      \_\_\_\_\_  
APPLICANT SIGNATURE

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: \_\_\_\_\_

**FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE**

Trade Name (D/B/A)

CODE:

City \_\_\_\_\_ County \_\_\_\_\_

FEIN NUMBER

TYPE

FEE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Audited: \_\_\_\_\_ Unaudited: \_\_\_\_\_

District Office Received Date Stamp

District Office Accepted for Filing Date Stamp