

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT- 6010  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR CHANGES TO POOL BUYING GROUPS**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation at **(850) 488-8284**. Please send your completed application to:

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-1021  
**Attention: Pool Buying Section**

**GENERAL INSTRUCTIONS**

Please complete all information. All questions are applicable and must be answered fully and truthfully. You must provide an original application and supporting documentation (if applicable). All signatures must be original.

A copy of this application will be returned indicating the final agency action and, if approved, a new member may participate in pool purchases.

**Contact Person**

All communications regarding your application will be sent to the applicant at the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled "License Information". If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

**APPLICATION REQUIREMENTS**

**Signatures**

All signatures must be original. This form must be signed and dated by the authorized pool buying group agent. The pool group agent must have a current retail alcoholic beverage license and must be a member of the pool buying group.

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Addition to Pool Group</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups
<b>Deletion from Pool Group</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups
<b>Change of Agent Mailing Address</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups
<b>Change of Pool Buying Agent</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups
<b>Change of Pool Name</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups
<b>Change of Agreement or Amendments</b>	<input type="checkbox"/> Complete DBPR ABT-6010 Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups <input type="checkbox"/> Copy of changes of Agreement Amendments

**DBPR ABT-6010 – Division of Alcoholic Beverages and Tobacco Application for Changes to Pool Buying Groups**

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

**DBPR Form  
ABT-6010  
Revised 05/2012**

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

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SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> Addition to Pool Group	<input type="checkbox"/> Change of Pool Buying Agent
<input type="checkbox"/> Deletion from Pool Group	<input type="checkbox"/> Change of Pool Name
<input type="checkbox"/> Change of Agent Mailing Address	<input type="checkbox"/> Change of Agreement or Amendments (Submit Copies of Changes)

SECTION 2 - POOL BUYING GROUP INFORMATION		
Full Name of Pool Buying Group	Group Number	
Mailing Address (Street or P.O. Box)		
City	State FL	Zip Code
Pool Buying Agent's Name	Telephone Number	
Agent's Business E-mail Address		
Authorized Contact Person (if other than Pool Buying Agent)	Telephone Number	

SECTION 3 - POOL BUYING GROUP ADDITIONS OR DELETIONS		
If adding a temporary license holder to the group, a copy of the temporary license must be attached		
Full Name of Licensee	License Number	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License
Trade Name (D/B/A)	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	Date Added/Deleted
Full Name of Licensee	License Number	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License
Trade Name (D/B/A)	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	Date Added/Deleted
Full Name of Licensee	License Number	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License
Trade Name (D/B/A)	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	Date Added/Deleted
Full Name of Licensee	License Number	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License
Trade Name (D/B/A)	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	Date Added/Deleted

(Attach additional sheets as necessary)

**SECTION 4 - CHANGES TO POOL BUYING GROUP**

**Change of Pool Buying Agent** (Enter New Agent's Name and Information)

Full Name of Licensee	License Number
Trade Name (D/B/A)	<input type="checkbox"/> Permanent License <input type="checkbox"/> Temporary License

**Change of Pool Buying Group Name**

New Pool Buying Group Name

**Change of Agent Mailing Address**       **Change of Authorized Contact Mailing Address**

Street Address

City	State	Zip Code
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**AUTHORIZED SIGNATURE OF POOL AGENT**

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature of Pool Agent

**FOR DIVISION USE ONLY**

- Approved
- Disapproved

Reason for Disapproval:

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

Date \_\_\_\_\_ Initials \_\_\_\_\_