

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6013
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR DISTRIBUTOR’S SALESPERSON OF WINE OR SPIRITS**

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 and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-1021

GENERAL INSTRUCTIONS

Submitting Your Application

Applications for alcoholic beverage licenses and retail tobacco products dealer permits are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions must be answered fully and truthfully. This is a sworn document. False answers could result in criminal prosecution, subject to fine and/or imprisonment and denial of your application.

You must provide an original application and a copy of all supporting documentation. All signatures must be original.

APPLICATION REQUIREMENTS

A check or money order in the amount of **\$50** and made payable to the Division of Alcoholic Beverages & Tobacco must be submitted with your application.

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant.

Fingerprints

Fingerprints must be submitted by each sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations, general partners of general partnerships, general partners of a limited partnership, managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan Device Vendors List http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf. Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you. You will need to enclose a money order (personal checks are not accepted) for the total amount of the cost associated with the fingerprint process, payable to Pearson VUE, with your card. You may contact Pearson VUE at www.pearsonvue.com or by calling 1.877.238.8232. Once you have been fingerprinted and all information is complete, mail the card to Pearson VUE at:

FLDBPR, c/o Pearson VUE, Florida Fingerprinting Program, Prints Inc.
119 East Park Avenue, Tallahassee, FL 32301

At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your fingerprint receipt. The receipt serves as proof that you have met the fingerprint requirement. Failure to provide this receipt will delay the issuance of your temporary or permanent license, and could result in your application being denied. Applications must be submitted within **150 days** of the date fingerprints are taken.

Note: If you are a current licensee you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated.

Copy of Arrest Disposition

If the applicant answers “yes” to any of the criminal background questions asked in this application, provide a Copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule.

Mitigation for Moral Character

If the applicant is required to submit an arrest disposition, they may also be required to submit mitigation under the moral character rule. A copy of the rule and requirements can be found on AB&T’s page of the DBPR web site.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Distributor’s Salesperson License	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$50 fee (make checks payable to the Division of Alcoholic Beverages & Tobacco) <input type="checkbox"/> Complete DBPR ABT-6013 Division of Alcoholic Beverages and Tobacco Application for Distributor’s Salesperson of Wine or Spirits <input type="checkbox"/> Submit fingerprint receipt, if applicable <input type="checkbox"/> Copy of the Arrest Disposition, if applicable <input type="checkbox"/> Mitigation for Moral Character, if applicable

DBPR ABT-6013 – Division of Alcoholic Beverages and Tobacco Application for Distributor's Salesperson of Wine or Spirits

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

**DBPR Form
ABT-6013
Revised 09/2010**

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

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SECTION 1 – APPLICANT INFORMATION						
Full Name of Applicant						
Social Security Number*		Home Telephone Number		Date of Birth		
Race	Sex	Height	Weight	Eye Color	Hair Color	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:						
E-Mail Address						
Current Mailing Address						
City			State	Zip Code	Telephone Number	

SECTION 2 – EMPLOYER INFORMATION		
Employer's Business Name		
Employer's Alcoholic Beverage License Number		Employer's Telephone Number
Employer's Location Address		
City		State FL
Zip Code		
Employer's Mailing Address		
City		State
Zip Code		

***Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes.

SECTION 3 – APPLICANT BACKGROUND INFORMATION

Applicant Name

<p>1. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? If yes, list date, location, and type of offense in the spaces below and provide a Copy of the Arrest Disposition. If you are a convicted felon and have had your civil rights restored in Florida, attach a Copy of your Restoration of Civil Rights.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Are you an official with State police powers granted by the Florida Legislature? If yes, please provide the details:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Do you currently have financial interest in any business selling alcoholic beverages? If yes, list business name, location and license number:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Are you employed full or part-time or receiving any remuneration from any vendor licensed under the beverage laws of the State of Florida? If yes, list business name, location, and details:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. Have you ever had any type of alcoholic beverage, salesman's, cigarette, or tobacco permit refused, revoked or suspended anywhere? If yes, list business name, location and date:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 4 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Applicant Name _____

The undersigned individual hereby authorizes the Division of Alcoholic Beverages and Tobacco, to examine and/or copy any and all records including, but not limited to, personal, financial or criminal data relating to the information contained herein, during normal business hours from this date forward.

"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."

STATE OF _____

COUNTY OF _____

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of _____, 20_____, By _____ who is () personally
(print name of person making statement)

known to me OR () who produced _____ as identification.

Notary Public Commission Expires: _____