

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6026
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR EXPORTER REGISTRATION**

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

“Exporter” means any person or entity that sells alcoholic beverages to persons or entities for use outside the state and includes a ship’s chandler and a duty free shop.

GENERAL INSTRUCTIONS

Please complete all information. Do not leave any questions blank. Indicate “N/A” (not applicable) for questions that do not apply. 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.

APPLICATION REQUIREMENTS

Each registered exporter must have within the state an office designated as its principal office and additionally, may maintain branch offices within or outside the state. Access to all business premises, inventories and records, including all records of transporters, warehouses, and exporters required by the Federal Government must be provided to authorized division employees for the purpose of conducting audits and inventories.

Interested Parties

This application must disclose all persons or entities having an interest, direct or indirect, in the business sought to be registered and questions (a) and (b) in the Company Affiliation section must be answered for each person or entity.

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.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Initial Exporter Registration	<input type="checkbox"/> Complete DBPR ABT-6026 Division of Alcoholic Beverages and Tobacco Application for Exporter Registration <input type="checkbox"/> Submit Secretary of State/Certificate of Status <input type="checkbox"/> Submit copy of Federal Export Permit

DBPR ABT-6026 – Division of Alcoholic Beverages and Tobacco Application for Exporter Registration

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

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SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> New Registration	
SECTION 2 - CHECK TYPE OF APPLICANT	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	Florida Corporate Charter Number: _____
<input type="checkbox"/> Limited Partnership	

SECTION 3 - LICENSE INFORMATION				
Full Name of Applicant (if this is a corporation or other legal entity, enter the name as registered with the Secretary of State)				
Business Name (D/B/A)				
Principal Office Address (Street)	City	County	State	Zip Code
Mailing Address	City		State	Zip Code
Has applicant complied with all federal regulations, including federal permitting regulations?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
List below the name, title and address for all principals of the business				
NAME		TITLE		ADDRESS
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
(Attach extra sheets as necessary)				

SECTION 4 - COMPANY AFFILIATION

Business Name (D/B/A)

Have you in the past or presently, individually or as an officer or stockholder of a corporation in this state or any other state:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which sells any alcoholic beverages at retail? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which manufactures, distributes, imports or exports any alcoholic beverages? |

If the answer to either of these questions is yes, list full particulars which include business names, cities, states, and dates.

**SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A)

"I, the undersigned individual, 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 hereby acknowledge that access must be provided to authorized employees of the division to all business premises, inventories, and records, including all records of transporter, warehouses, and exporters required by the Federal Government for the purpose of conducting audits and inventories.

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 and that no other person or entity except as indicated herein has an interest in the export business and that all of the above listed persons or entities meet the necessary qualifications to register as an exporter."

STATE OF _____ APPLICANT (Signature must be notarized)

COUNTY OF _____ APPLICANT (Signature must be notarized)

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: _____