

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

*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)

“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**

All questions are applicable and must be answered fully and truthfully. Do not leave any questions blank. Indicate “N/A” (not applicable) for questions that do not apply.

You must provide an original application and a copy 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.

**Registration of Legal Entity**

All corporations, domestic or foreign; general partnerships; limited liability companies; and limited partnerships are required to be registered with the Florida Department of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 or [www.sunbiz.org](http://www.sunbiz.org) for further information. Your application will be considered incomplete without this active registration.

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Initial Exporter Registration</b>	<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

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form  
ABT-6026  
Revised 09/2010

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

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SECTION 1 - TRANSACTION REQUESTED	
<b>Transaction Type:</b> New Registration	

SECTION 2 - LICENSE INFORMATION			
Full Name of Applicant: (This is the name the license will be issued in)			Department of State Document #
Business Name (D/B/A)			
Principal Office Address (Street and Number)			
City	County	State <b>FL</b>	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			

SECTION 3 – RELATED PARTY PERSONAL INFORMATION			
<b>All related parties must complete this section.</b>			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
(ATTACH EXTRA SHEETS AS NECESSARY)			

\* 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 4 - COMPANY AFFILIATION**

Business Name (D/B/A)

Have you in the past or presently, individually, or as an affiliate of any legal entity in this state or any other state:

Yes

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?

Yes

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**

"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 \_\_\_\_\_

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