

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6029  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR EXTENSION OF LICENSED PREMISES OR AMENDED SKETCH OF LICENSED  
PREMISES**

**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 REQUIREMENTS**

**This application must be submitted for approval when changes are made to licensed premises.**

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.

**APPLICATION REQUIREMENTS**

**Applicants for Temporary Extension of Premises Permits must submit the application at least seven (7) days prior to the first date of the event to insure the permit is issued by the event date.**

**Zoning Approval – Applies to Permanent or Temporary Extension of Premises Only**

Zoning approval is executed by the city or county zoning authority in which the business to be licensed is located. This application is to be taken to the Zoning Department (City or County) that governs the location of your business. Applications must be submitted within **180 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.

**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.**

**Amended Sketch of Premises**

Draw, in ink, a complete amended sketch of the premises, which includes all walls, doors, counters, sales areas, storage areas, etc. **Changes may be made to the existing premises only; no additional rooms may be added.** No architectural drawings are accepted.

**Note:** The completion of Section 3 - Zoning Approval does not apply to amended sketch premises.

**APPLICATION CHECKLIST**

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

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Extension of Licensed Premises</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Pay \$100 fee for temporary extension of licensed premises only (make payment payable to the Department of Business and Professional Regulation)</li><li><input type="checkbox"/> Complete DBPR ABT-6029 Division of Alcoholic Beverages and Tobacco Application for Extension of Licensed Premises or Amended Sketch of Licensed Premises</li></ul>
<b>Amended Sketch</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Complete DBPR ABT-6029 Division of Alcoholic Beverages and Tobacco Application for Extension of Licensed Premises or Amended Sketch of Licensed Premises</li><li><input type="checkbox"/> Section 3 of this application does not apply</li></ul>

**DBPR ABT-6029 – Division of Alcoholic Beverages and Tobacco Application for Extension of Licensed Premises or Amended Sketch of Licensed Premises**

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

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SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> Temporary Extension	<input type="checkbox"/> Amended Sketch
<input type="checkbox"/> Permanent Extension	

SECTION 2 - LICENSE INFORMATION			
Full Name of Applicant			
Trade Name (D/B/A)			
Location Address (Street)			
City	County	State	Zip Code
Beverage License Number	Series	Type	
Contact Person	Business Phone Number	Home/Mobile Phone Number	
<b><u>FOR TEMPORARY EXTENSIONS ONLY:</u></b>			
Date(s) of Extension:	_____	_____	_____
	_____	_____	_____

SECTION 3 - ZONING APPROVAL TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION (This section only applies to a permanent or temporary extension of licensed premises)
Trade Name (D/B/A)
Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
The above extension of the licensed premises as shown in the sketch <input type="checkbox"/> does comply or <input type="checkbox"/> does not comply with zoning requirements for the sale of alcoholic beverages pursuant to this application.
Signed: _____ Title: _____ Date: _____

**SECTION 4 - 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 is a true and correct representation of the extended licensed premises and agree that the place of business 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, that the foregoing information is true and correct."

If applying for a temporary extension, check the box to confirm the following statement:

"I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."

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 known  
to me OR ( ) who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_

Notary Public

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED**

Sketches should be drawn in ink and include all 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.

Trade Name (D/B/A)



Receipt Number \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Extension Fee \_\_\_\_\_ Date \_\_\_\_\_

AB&T Authorized Signature \_\_\_\_\_  Approved  Disapproved