

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

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

GENERAL REQUIREMENTS

This application must be submitted for approval when changes are made to the licensed premises whether the extension is permanent or temporary.

Please complete all information. Incomplete applications will be returned. All questions are applicable and must be answered fully and truthfully.

You must provide an original application and a copy 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, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant.

Sketch of Premises

A sketch of the entire premises (existing premises on file with the division and the additional area to be included), drawn in ink or computer generated (letter size), 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.**

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.

TRANSACTION	APPLICATION REQUIREMENTS
Extension of Licensed Premises	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$100 fee for temporary extension of licensed premises only (make check payable to the Division of Alcoholic Beverages and Tobacco)<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
Amended Sketch	<ul style="list-style-type: none"><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<input type="checkbox"/> Section 3 of this application does not apply

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**

**DBPR Form
ABT-6029
Revised 09/2010**

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

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

SECTION 2 - LICENSE INFORMATION			
Licensee (as listed on alcoholic beverage license)			
Business Name (D/B/A)			
Location Address (Street)			
City	County	State FL	Zip Code
Beverage License Number	Series	Type	
Contact Person	Business Phone Number	Home/Mobile Phone Number	
<u>FOR TEMPORARY EXTENSIONS ONLY:</u>			
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)	
Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**

Business Name (D/B/A) _____

“I, the undersigned individually, or if a registered legal entity 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

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.

Notary Public Commission Expires: _____

SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED

Business Name (D/B/A)

Street Address

City

County

State
FL

Zip Code

- | | | | |
|----|--|-----------------------------|---|
| 1. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved? |
| 2. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, 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 plan. | | |