

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6028  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR RETAIL TOBACCO PRODUCTS DEALER PERMIT**

**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 and required fee(s) 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 INSTRUCTIONS**

Please complete all information. All questions are applicable and must be answered fully and truthfully.

If this application is being submitted to the local Alcoholic Beverage and Tobacco district office, applications must be submitted Monday through Friday between the hours of 1:00 pm and 5:00 pm; no appointment is necessary.

A check or money order made payable to the Department of Business and Professional Regulation in the amount of \$50 must be attached for each permit requested.

This form is to be used when an applicant is applying for a Retail Tobacco Products Dealer Permit only. When an applicant is applying for more than one Retail Tobacco Products Dealer Permit, additional sheets must be completed.

**APPLICATION REQUIREMENTS**

A permit is required for each place of business where tobacco products are sold.

Once the application is approved, the permit(s) will be sent to the mailing address indicated on the application.

**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.

**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**

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Retail Tobacco Products Dealer Permit</b>	<input type="checkbox"/> Pay \$50 fee for each permit requested (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ABT-6028 Division of Alcoholic Beverages and Tobacco Application for Retail Tobacco Products Dealer Permit <input type="checkbox"/> Submit Secretary of State/Certificate of Status, if applicable

**DBPR ABT-6028 – Division of Alcoholic Beverages and Tobacco Application for Retail Tobacco Products Dealer Permit**

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

**DBPR Form AB&T  
ABT-6028  
Revised 02/08  
61A-10.083 FAC**

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

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SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Officers/Stockholders
SECTION 2 - CHECK TYPE OF APPLICANT	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	Charter Number: _____
<input type="checkbox"/> Limited Partnership	
SECTION 3 - CHECK TYPE OF SALES	
<input type="checkbox"/> Vending Machine Sales	
<input type="checkbox"/> Over the Counter Sales	
<input type="checkbox"/> Internet	
<input type="checkbox"/> Mobile	VIN #: _____

SECTION 4 - LICENSE INFORMATION			
Current Retail Tobacco Products Dealer Permit #		Current Alcoholic Beverage License # (if applicable)	
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)			
Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
Business Telephone Number		FEIN Number or Social Security Number*	

LICENSE INFORMATION			
Current Retail Tobacco Products Dealer Permit #		Current Alcoholic Beverage License # (if applicable)	
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)			
Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
Business Telephone Number		FEIN Number or Social Security Number*	

LICENSE INFORMATION			
Current Retail Tobacco Products Dealer Permit #		Current Alcoholic Beverage License # (if applicable)	
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)			
Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
Business Telephone Number		FEIN Number or Social Security Number*	

LICENSE INFORMATION			
Current Retail Tobacco Products Dealer Permit #		Current Alcoholic Beverage License # (if applicable)	
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)			
Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address			
City		State	Zip Code
Business Telephone Number		FEIN Number or Social Security Number*	

(ATTACH ADDITIONAL SHEETS AS NECESSARY)



**SECTION 6 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Applicant Name \_\_\_\_\_

"I hereby swear or affirm that I am duly authorized to make this affidavit and, as such, I hereby swear or affirm under penalty of perjury as provided for in Sections 559.791 and 837.06, Florida Statutes, that all of the persons named in this application are not less than eighteen (18) years of age and are qualified for issuance of a Retail Tobacco Products Dealer Permit. It is understood that when the permit is issued, the place or premises covered by the permit is subject to inspection and search without a search warrant by the division or its authorized employees, sheriffs, deputy sheriffs or police officers to determine compliance with Chapter 210 and 569, Florida Statutes. I further swear or affirm the foregoing information is true and correct."

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: \_\_\_\_\_

**FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE**

DATE OF APPLICATION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_