

**INSTRUCTIONS FOR COMPLETING
DBPR ABT- 6005
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR TOBACCO PRODUCTS WHOLESAL DEALER**

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 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

GENERAL INSTRUCTIONS

Submitting Your Application

Applications for Tobacco Products Wholesale Dealer permits are filed with the Division of Alcoholic Beverages and Tobacco. 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.

A separate application must be filed for each place of business at which a tobacco products wholesale dealer proposes to engage in business.

APPLICATION REQUIREMENTS

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.

Surety Bond

Surety bonds are required on all new applications for manufacturers, wholesale distributors of alcoholic beverages, wholesale distributors of cigarettes, and other tobacco products. A surety bond or a rider to the original bond must be submitted on any change of business name, change of location or change of ownership name application by the aforementioned. Contact the division's Auditing Office for further information. You may wish to have Auditing review your surety bond prior to submitting this application.

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.

Federal Employer's Identification Number (FEIN)

All licensees who pay wages to one or more employees must have a Federal Employer's Identification Number. Contact the Internal Revenue Service (IRS) at 1-800-829-3676 and request Form #SS4.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
New License as Tobacco Products Wholesale Dealer (TWD)	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$25 fee if requesting an initial temporary license (make checks payable to the Department of Business and Professional Regulation)<input type="checkbox"/> Complete DBPR ABT-6005 Division of Alcoholic Beverages and Tobacco Application for Tobacco Products Wholesale Dealer<input type="checkbox"/> Certified copy of the Arrest Disposition, if applicable<input type="checkbox"/> Mitigation for Moral Character, if applicable<input type="checkbox"/> Complete DBPR ABT-6032 Surety Bond Application for \$1,000 Surety Bond<input type="checkbox"/> Submit Right of Occupancy<input type="checkbox"/> Submit letter from cigarette taxing authority, if applicable<input type="checkbox"/> Submit Secretary of State/Certificate of Status, if applicable

DBPR ABT-6005 – Division of Alcoholic Beverages and Tobacco Application for Tobacco Products Wholesale Dealer

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

**DBPR Form AB&T
ABT-6005
Revised 02/08
61A-10.082 FAC**

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

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.

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SECTION 1 – CHECK TYPE OF APPLICANT	
Applicant Type:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Other:	<input type="checkbox"/> Partnership
Charter Number	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 – 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)			
Trade Name (D/B/A)			
Business Telephone Number		FEIN Number	
Mailing Address			
City		State	Zip Code
Location Address			
City		County	State Zip Code

**SECTION 3 – DISCLOSURE OF INTERESTED PARTIES
FOR INDIVIDUALS OR PARTNERSHIPS**

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Trade Name (D/B/A)

If owner is an individual or partnership, complete this section listing all persons connected, directly or indirectly, in the business. Attach extra sheets if necessary.

Name	Date of Birth	Residence Address

**SECTION 4 – DISCLOSURE OF INTERESTED PARTIES
FOR CORPORATIONS, LIMITED PARTNERSHIPS OR OTHER LEGAL ENTITIES**

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Trade Name (D/B/A)

1. List below the names, titles and percentage of stock held for all officers, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary.

Title/Position	Name	Stock %
President		
Vice President		
Secretary		
Treasurer		
Managing Member(s)		
General Partner(s)		
Direct Interest		
Indirect Interest		

2. Does anyone other than the individuals listed above own stock in the applicant entity?

Yes No

If yes, please list below.

Title/Position	Name	Stock %

3. Right of Occupancy

- | | | |
|---|------------------------------|-----------------------------|
| a. Does the applicant have a legal right of occupancy to the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the applicant own the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the applicant rent, lease or sublease the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If the answer to the previous question is yes, is anyone else listed as leasee or subleasee who is not on the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

