

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

*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**

**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 must be answered fully and truthfully. You must provide an original application and supporting documentation. All signatures must be original. If eligible, a temporary license may be purchased.

**This permit may not change location. If you desire to change the location, you must apply for a new permit.**

**Note:** When applicable, you must submit a legible and executed copy of any agreements which require a percentage payment from the business operation. A separate application must be filed for each place of business at which a tobacco products wholesale dealer proposes to engage in business.

**Contact Person**

All communications regarding your application will be sent to the applicant at the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled "License Information". If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

**APPLICATION REQUIREMENTS**

**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.

**Surety Bond**

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

**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.

**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.

**Related Party Personal Information**

This section of the application must be completed for each applicant or person(s) directly connected with the business. This will include the sole proprietor, all partners, officers, directors, individual share holders owning more than 10 percent of stock in non-public corporations, all partners of each general partnership, all general partners of a limited partnership, all managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business. It is important that each individual discloses any convictions they have had within the past 5 years.

**Copy of Arrest Disposition**

If the applicant answers "yes" to any of the criminal background questions asked in this application, provide a copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule.

**Direct Interest**

A direct interest is a person or entity having an interest with the applicant in the business sought to be licensed and, includes but is not limited to:

1. an interest which is created by virtue of the interested party deriving revenue from the license;
2. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise.

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<b>New License as Tobacco Products Wholesaler Dealer (TWD)</b>	<input type="checkbox"/> Pay \$25 fee if requesting an initial temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Complete DBPR ABT-6005 Division of Alcoholic Beverages and Tobacco Application for Tobacco Products Wholesale Dealer <input type="checkbox"/> Complete DBPR ABT-6032 Surety Bond Application for \$1,000 Surety Bond

**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  
ABT- 6005  
Revised 09/2010**

**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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<b>SECTION 1 - CHECK TRANSACTION REQUESTED</b>	
<b>Transaction Type:</b>	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Change to Related Parties	<input type="checkbox"/> Change to Legal Entity
Do you wish to purchase a Temporary License?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>SECTION 2 – LICENSE INFORMATION</b>			
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.			
Full Name of Applicant: (This is the name the license will be issued in)		Department of State Document #	
Current Business Name (D/B/A)			
New Business Name (D/B/A), if applicable			
FEIN Number		Business Telephone Number <b>ext.</b>	
Location Address			
City		County	State   Zip Code
Contact Person (Optional)		E-mail Address	
Mailing Address			
City		State	Zip Code
<b>The section below is optional and only to be completed if you wish to specify an individual to whom all communication about your application will be sent.</b>			
Contact Person		Telephone Number <b>ext.</b>	
E-Mail Address			
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

**SECTION 3 – RELATED PARTY PERSONAL INFORMATION**

**This section must be completed for each person directly connected with the business, unless they are a current licensee.**

	Business Name (D/B/A)					
1.	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
2.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
3.	Home Address (Street and Number)					
	City				State	Zip Code
4.	Have you, as an individual or as a principal of an entity, had a permit revoked by the division within the previous 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				Permit Number	
5.	Have you ever been adjudicated as owing \$500 or more in delinquent cigarette taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6.	Have you ever been convicted of selling stolen or counterfeit cigarettes, receiving stolen cigarettes, or being involved in the counterfeiting of cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7.	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state or convicted in this state, any other state, or the United States during the past 5 years of any offense designated as a felony by such state or the United States, or to a corporation, any of whose officers have been so convicted. The term "convicted" shall include an adjudication of guilt on a plea of guilty or a plea of nolo contendere, or the forfeiture of a bond when charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8.	Have you ever imported, or caused to be imported, into the United States any cigarette in violation of 19 U.S.C. s. 1681a? <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Have you imported, or caused to be imported, into the United States, or manufactured for sale or distribution in the United States, any cigarette that does not fully comply with the Federal Cigarette Labeling and Advertising Act (15 U.S.C. ss. 1331 et seq.)?  
 Yes  No

**If you answered yes to any of the above questions 4-9, provide the specifics on a separate sheet of paper and a copy of the Arrest Disposition.**

**NOTARIZATION STATEMENT**

"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 I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

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  
 (print name of person making statement)

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

\_\_\_\_\_  
 Notary Public Commission Expires: \_\_\_\_\_

(ATTACH ADDITIONAL COPIES AS NECESSARY)

**\*Social Security Number**

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 – DISCLOSURE OF INTERESTED PARTIES**

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

Business Name (D/B/A)

1. When applicable, please complete the appropriate section below. Attach extra sheets if necessary.

Title/Position	Name	Stock %
<b>CORPORATION (CORP/INC)</b>		
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		

<b>LIMITED LIABILITY COMPANY (LLC/LC)</b>		
Managing Member(s) and/or Managers		
Members (must be printed if there are no managing members or managers)		

<b>LIMITED PARTNERSHIP (LTD/LP/LTDLLP)</b>		
General Partner(s)		
Limited Partner(s)		

<b>DIRECT INTEREST</b>		
Name of Individual or Entity (If a legal entity, list name under which the entity does business and its principles)		
Title/Position	Name	Stock %

2. Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?

Yes     No

If yes, and the terms create a direct interest in the business, you must list the person(s) or entity and indicate which of the below applies. Copies of agreements must be submitted with this application.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 5 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A) \_\_\_\_\_

"I hereby swear or affirm under penalty of perjury that the facts set forth in the forgoing application are in all respects true and correct. I further agree this 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 authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the 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 that no other person or entity except as indicated herein has an interest in the tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the tobacco permit."

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 6 - CURRENT PERMITTEE UPDATE DATA SHEET**

This section is to be completed for all **current** Cigarette and/or tobacco permit holders listed on the application to ensure the most up to date information is captured.

Business Name (D/B/A)

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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