

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6016  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR VEHICLE 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 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**

This permit application is 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. All signatures must be original.

**APPLICATION CHECKLIST**

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Vehicle Permit</b>	<input type="checkbox"/> Pay \$5 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ABT-6016 Division of Alcoholic Beverages and Tobacco Application for Vehicle Permit <input type="checkbox"/> Submit Vehicle Registration

**DBPR ABT-6016 – Division of Alcoholic Beverages and Tobacco Application for Vehicle Permit**

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

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SECTION 1 - APPLICANT INFORMATION				
Business Name			License/Permit Number/Series	
Licensee Name				
Location Address				
City		County	State	Zip Code
SECTION 2 - VEHICLE INFORMATION				
Make of Vehicle		Model	Year	
Vehicle Identification Number			Vehicle Tag Number	

SECTION 3 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
<p>I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that the referenced vehicle is owned or leased by the above entity and will be used to make deliveries of sales actually made at my licensed premises, or to transport alcoholic beverage purchases from a distributor's licensed place of business to my licensed premises or authorized off-premises storage facility. Further, I understand that this permit is valid and will not expire unless the vehicle is disposed of, or my alcoholic beverage license is transferred, cancelled, not renewed, or revoked by the Division. I further agree that such vehicle is subject to be inspected and searched without a search warrant during business hours or other times the vehicle is being used to transport or deliver alcoholic beverages by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purpose of ascertaining compliance with the beverage laws.</p>	
STATE OF _____	_____ APPLICANT SIGNATURE
COUNTY OF _____	_____ APPLICANT SIGNATURE
<p>The foregoing was ( ) Sworn to and Subscribed <b>OR</b> ( ) Acknowledged Before me this _____ Day of _____, 20____, By _____ who is ( ) personally known to me OR ( ) who produced _____ as identification.</p>	
_____ Notary Public	Commission Expires: