

**DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco
Application for New Alcoholic Beverage License**

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

**DBPR Form
ABT-6001
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) 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 web site at the link provided below:

[Local ABT District Licensing Offices](#)

SECTION 1 - CHECK LICENSE CATEGORY				
License Series Requested	Type/Class Requested	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child License Requested	Number of Child Licenses Requested			
<input type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Manufacturer			
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Passenger Waiting Lounge			
<input type="checkbox"/> Retail Tobacco Products Dealer Permit (must check one or more of the below)				
<input type="checkbox"/> Pipes	<input type="checkbox"/> Over the Counter	<input type="checkbox"/> Vending Machine		
SECTION 2 – LICENSE INFORMATION				
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.				
FEIN Number	Business Telephone Number	E-Mail Address (Optional)		
Full Name of Applicant(s): (This is the name the license will be issued in)				Department of State Document #
Business Name (D/B/A)				
Location Address (Street and Number)				
City	County	State FL	Zip Code	
Mailing Address (Street or P.O. Box)				
City			State	Zip Code
Contact Person - This section is optional, see application instructions for details				
Contact Person		Telephone Number ext.		
E-Mail Address (Optional)				
Mailing Address (Street or P.O. Box)				
City			State	Zip Code

ABT District Office Received Date Stamp

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.

1.	Business Name (D/B/A)					
2.	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number)					
	City				State	Zip Code
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				License Number	
	Location Address					
6.	Have you had any type of alcoholic beverage , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				Date	
	Location Address					
7.	Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving alcoholic beverages or tobacco products anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

9.	Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a Copy of the Arrest Disposition. Attach additional sheet if necessary.				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Location</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Type of Offense</td> </tr> </table>	Date	Location	Type of Offense	
Date	Location				
Type of Offense					
10.	Do you meet the standards of the moral character rule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11.	Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
NOTARIZATION STATEMENT					
<p>“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.”</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p style="text-align: right;">APPLICANT SIGNATURE _____</p> <p>The foregoing was (<input type="checkbox"/>) Sworn to and Subscribed OR (<input type="checkbox"/>) Acknowledged Before me this _____ Day of _____, 20____, By _____ who is (<input type="checkbox"/>) personally (print name of person making statement)</p> <p>known to me OR (<input type="checkbox"/>) who produced _____ as identification.</p> <p style="text-align: right;">Commission Expires: _____</p> <p>_____ Notary Public</p>					

(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. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

**SECTION 4 – DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the business located within a Specialty Center? If yes, check the applicable statute: <input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S.
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any mobile vehicles used to sell or serve alcoholic beverages?
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there more than 3 separate rooms or enclosures with permanent bars or counters?

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 the details of each floor.

SECTION 5 – APPLICATION APPROVALS

Full Name of Applicant: (This is the name the license will be issued in)

Business Name (D/B/A)

Street Address

City

County

State
FL

Zip Code

ZONING

TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION

- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series: _____ Type: _____ license.
- B. This approval includes outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed and are identified on the sketch?" Yes No

Check either: Please do not skip, this is important for license fee sharing

Location is within the city limits or Location is in the unincorporated county

Signed _____ Date _____

Title _____ This approval is valid for ____ days.

SALES TAX

TO BE COMPLETED BY THE DEPARTMENT OF REVENUE

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

- 1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 213.758 (4), F.S. (Not applicable if no transfer involved).
- 2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed _____ Date _____

Title _____ Department of Revenue Stamp

This approval is valid for ____ days.

HEALTH

**TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS
OR COUNTY HEALTH AUTHORITY
OR DEPARTMENT OF HEALTH
OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____ Agency _____

This approval is valid for ____ days.

SECTION 8 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You **MUST** list all persons and entities in the entire ownership structure. **To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.**

Business Name (D/B/A)

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

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		
GENERAL PARTNERSHIP – List all general partners		
LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
LIMITED PARTNERSHIP – List all general and limited partners.		
LIMITED LIABILITY PARTNERSHIP – List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.

**SECTION 9 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

"I, the undersigned individually, or on behalf of a legal entity, 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 entire area and premises to be licensed and agree that the place of business, if licensed, 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 retail tobacco 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 alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF _____

COUNTY OF _____

APPLICANT/AUTHORIZED REPRESENTATIVE NAME

APPLICANT/AUTHORIZED REPRESENTATIVE 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 10 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license 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.
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.
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.
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.
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.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code