

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT- 6002  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR TRANSFER OF OWNERSHIP OF AN ALCOHOLIC BEVERAGE LICENSE**

*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 alcoholic beverage licenses and retail tobacco products 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.

**Note:** When applicable, you must submit a legible and executed copy of the following: Right of Occupancy (lease or deed must be in the entity applying for the license), Purchase Agreements, Franchise Agreements, Management Contracts, Service Agreements, and any agreements which require a percentage payment from the business operation, Certified Copy of Death Certificate, Letters of Administration, Certificate of Title, Certified Copy of All Court Orders pertaining to the alcoholic beverage license. Florida law prohibits transfer applicants from assuming operation of a licensed establishment and selling alcoholic beverages prior to obtaining a temporary or permanent license in the transferee's name.

**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 AND INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

***Application Requirements***

**License Types**

Refer to the "Alcoholic Beverages and Tobacco" page on the Department of Business and Professional Regulation's Internet site for the License Type data chart. This is provided to guide applicants in knowing how each license type is defined in order to clarify which license type suits their needs.

**Zoning Approval**

Zoning approval is executed by the city or county zoning authority in which the business to be licensed is located. Zoning approval is required on all new and change of location applications unless the applicant is a state college or university located on State owned property. Zoning approval may also be required for certain change or increase in series applications. Zoning approval is not required on new applications for 1APS licenses unless required pursuant to a Special Act for the county in which you are applying. Applications must be submitted within **180 days** of receiving this approval.

**Department of Revenue Clearance**

Department of Revenue clearance is required on applications for all new, transfer, change of location, and correction of information applications which change the licensee's name. Applications must be submitted within **90 days** of receiving this approval.

## Health Approval

Health approval is required on all applications for consumption on the premises. Businesses that serve food or are located on premises licensed by the Division of Hotels and Restaurants, must obtain approval from that division. Businesses that do not serve food must contact the County Health Authority or the Department of Health. Food service establishments located in grocery and convenience stores, bakeries or delicatessens must contact the Department of Agriculture and Consumer Services. Applications must be submitted within **90 days** of receiving this approval.

## 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.

## Affidavit of Transferor

The affidavit of transferor must be completed for all transfer applications. The affidavit must be signed by the individual owner, 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. If the transfer is pursuant to operation of law or judicial proceedings, certified copies of court order(s) in which the applicant is named may be accepted in lieu of signature(s) of seller.

## Fingerprints

Fingerprints must be submitted by each sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations, general partners of general partnerships, general partners of a limited partnership, managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan Device Vendors List (<http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>). Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you. You will need to enclose a money order (personal checks are not accepted) for the total amount of the cost associated with the fingerprint process, payable to Pearson VUE, with your card. You may contact Pearson VUE at [www.pearsonvue.com](http://www.pearsonvue.com) or by calling 1.877.238.8232. Once you have been fingerprinted and all information is complete, mail the card to Pearson VUE at:

FLDBPR, c/o Pearson VUE, Florida Fingerprinting Program, Prints Inc.  
119 East Park Avenue, Tallahassee, FL 32301

At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your fingerprint receipt. The receipt serves as proof that you have met the fingerprint requirement. Failure to provide this receipt will delay the issuance of your temporary or permanent license, and could result in your application being denied. Applications must be submitted within **150 days** of the date fingerprints are taken.

**Note:** If you are a current licensee you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated.

### **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.

### **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.

### **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.

### **Related Party Personal Information**

This section of the application must be completed with original signatures for each applicant or person(s) directly connected with the business, unless they are current licensees. This will include the sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 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 arrests they have had within the past 15 years, even if they were charged, but not formally arrested, and regardless of the disposition.

### **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

### **Mitigation for Moral Character**

If the applicant is required to submit an arrest disposition, they may also be required to submit mitigation under the moral character rule. A copy of the rule and requirements can be found on AB&T's page of the DBPR web site.

### **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 having the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages, the terms of which, are contrary to 561.17, Florida Statutes, or 61A-3.017, Florida Administrative Code;
3. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise.

A direct interest does not include any person that derives 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 specifically exempt by statute or rule.

**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.

**Sketch of Premises**

Provide a complete sketch of the premises, drawn in ink or computer generated (letter size) which includes all walls, doors, counters, sales areas, storage areas, etc. **No architectural drawings are accepted.**

**Quota Transfer Fee**

The transfer fee on quota liquor licenses is assessed on the average annual value of gross sales of alcoholic beverages for the three (3) years immediately preceding submission of the application to transfer the license. The fee is levied at the rate of four mils and in no event exceeds \$5,000. In lieu of providing records for computation of the transfer fee, the applicant may elect to pay the \$5,000. The following are acceptable records for computing the transfer fee:

1. Department of Revenue sales tax records
2. Distributor records
3. Cash register receipts, bank records, accounting records and income tax records

In addition to documentation, a notarized affidavit of transferor estimating a percentage of gross alcoholic beverage sales when gross sales do not show a breakdown.

**APPLICATION CHECKLIST**

<b>Transfer of Ownership</b>	<input type="checkbox"/> Pay \$100 fee. if requesting a temporary license ( make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Complete DBPR ABT-6002 Division of Alcoholic Beverages and Tobacco Application for Transfer of Ownership of an Alcoholic Beverage License <input type="checkbox"/> Manufacturers and wholesale distributors of alcoholic beverages must complete the DBPR ABT-6032 Surety Bond form <input type="checkbox"/> Submit fingerprint receipt, if applicable <input type="checkbox"/> Copy of the Arrest Disposition, if applicable <input type="checkbox"/> Mitigation for Moral Character, if applicable <input type="checkbox"/> Right of Occupancy
<b>Transfer application may include one or more of the following categories:</b> Change in Series Decrease in Series Increase in Series Change of Location Change of Business Name	<input type="checkbox"/> If increasing series, pay \$100 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)

**DBPR ABT-6002 – Division of Alcoholic Beverages and Tobacco  
Application for Transfer of Ownership of an Alcoholic Beverage License**

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

**DBPR Form  
ABT-6002  
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 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)

<b>SECTION 1 – LICENSE TRANSACTION(S)</b>	
<input type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Broker Sales Agent
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Alcoholic Beverage Manufacturer
<input type="checkbox"/> Alcoholic Beverage Importer	<input type="checkbox"/> Passenger Waiting Lounge
Seller's Business Name	
License Number	
<b>Transaction Type:</b>	
<input type="checkbox"/> Transfer of Ownership <ul style="list-style-type: none"> <li><input type="checkbox"/> Change of Location</li> <li><input type="checkbox"/> Change of Business Name</li> <li><input type="checkbox"/> Change in Series</li> <li><input type="checkbox"/> Decrease in Series</li> <li><input type="checkbox"/> Increase in Series</li> <li><input type="checkbox"/> Change of Officers/Stockholders</li> </ul>	
<input type="checkbox"/> Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New Retail Tobacco Products (must check one or more of the below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Pipes Only <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine</li> </ul>	
Series Requested	Type Requested
Child License Requested	Number of Child Licenses Requested

<b>ABT District Office Received / Date Stamp</b>

**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.

Full Name of Applicant: (This is the name the license will be issued in)	Department of State Document #
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Business Name (D/B/A)

FEIN Number	Business Telephone Number
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Location Address (Street and Number)

City	County	State <b>FL</b>	Zip Code
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Check either:  
 Location is within the city limits or  Location is in the unincorporated county

Contact Person	Telephone Number ext.
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E-Mail Address

Mailing Address (Street or P.O. Box)

City	State	Zip Code
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If this application is for the transfer of this license, is the transfer due to revocation proceedings?  
 Yes  No

If yes, is there any personal relationship to the transferor?  
 Yes  No

If yes, explain the relationship:

**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 <b>alcoholic beverage</b> , 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 <b>felony</b> within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving <b>alcoholic beverages</b> anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					



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

Business Name (D/B/A)

Street Address

City

County

State  
**FL**

Zip Code

- |    |  |                             |   |
|----|--|-----------------------------|---|
| 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. | 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 each floor plan. |                             |   |

**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 \_\_\_\_\_ 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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**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 212.10 (1), 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

**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 \_\_\_\_\_

**SECTION 6 – CONTRACTS OR AGREEMENTS**

Business Name (D/B/A)

These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a management contract, franchise agreement, or service agreement in connection with this business?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

**SECTION 7 – CORPORATE FELONY CONVICTION**

Has the applicant corporation been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes  No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the corporation was convicted, and the city, county, state and court where the conviction took place.


(Attach additional sheets if necessary)

**SECTION 8 – SPECIAL LICENSE REQUIREMENTS  
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Business Name (D/B/A)

Please check the appropriate "Special Alcoholic Beverage License" box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

- Quota Alcoholic Beverage License     Special Alcoholic Beverage License  
 Club Alcoholic Beverage License

This license is issued pursuant to \_\_\_\_\_, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:


Please initial and date:

Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 9 – 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)		

Bar Manager (Fraternal Organizations of National Scope only):

**DIRECT INTEREST**

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. Each directly interested person must submit fingerprints and a related party personal information sheet. 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 10 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

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

"I, the undersigned individually, or if a registered legal entity for itself and its related parties, 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 or blueprint is substantially a true and correct representation of the 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 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 11 - AFFIDAVIT OF TRANSFEROR  
NOTARIZATION REQUIRED**

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

I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
TRANSFEROR OR AUTHORIZED SIGNATURE

\_\_\_\_\_  
TRANSFEROR OR AUTHORIZED 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 12 - 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



**SECTION 14 - DEPARTMENT OF REVENUE CLEARANCE  
COMPLETE THIS SECTION IF APPLYING FOR A TRANSFER OF OWNERSHIP  
NOTARIZATION REQUIRED**

Business Name (D/B/A)

The following information is extremely important and should be read in its entirety. Because of restrictions placed on the Department of Revenue in divulging confidential tax information, the business activity of the previous owner cannot be discussed without expressed written consent. Therefore, if this application is for the transfer of an alcoholic beverage license, the following section of this form must be completed before the Department of Revenue can approve your application. If the owner is unwilling to complete this disclosure form, you may request a meeting with a Department of Revenue representative and the owner jointly to discuss any potential liability for which you could be held responsible.

**DO NOT RETURN THIS FORM TO AB&T WITH YOUR APPLICATION**

Purchaser's Name

Business Name

Sales Tax Number

Street Address

City

State  
FL

Zip Code

\_\_\_\_\_  
Signature of Owner, Partner, or Principal of Legal Entity

**This section must be completed by the present owner of this alcoholic beverage license and must accompany your application for sales tax registration.**

I, the undersigned individually, or if a corporation or other legal entity, for itself and its related parties, hereby authorize the Department of Revenue to release to the above purchaser, the Division of Alcoholic Beverages and Tobacco, and \_\_\_\_\_ the status of my account number \_\_\_\_\_.

\_\_\_\_\_  
Seller's/Transferor's Name or Entity

\_\_\_\_\_  
Signature of Owner, Partner, or Principal of Legal Entity

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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: \_\_\_\_\_