

**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 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](#)

GENERAL INSTRUCTIONS

Submitting Your Application

Applications for transfer of ownership of alcoholic beverage licenses 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 with original signatures. If you are required to submit any supporting documentation, such as the items listed below, a copy of the document is acceptable. Once submitted, your application cannot be returned to you. We will notify you in writing if your application has any errors or omissions and you will be given the opportunity to submit the corrected or required document.

Note: When applicable, you must submit a legible and executed copy of the following: Right of Occupancy, lease, or deed (must be in the name of the entity applying for the license), Franchise Agreement, Management Contract, Concession Agreement, and any agreement which requires 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.

If eligible, a temporary license may be purchased. Permanent and temporary license fees may be found at [License Fee Chart](#) & [Temporary License Fee Chart](#)

Contact Person

All communications regarding your application and invoices for payments of initial and renewal fees will be sent to the applicant/licensee at the mailing or email address provided. However, if you would like for us to communicate with someone other than the applicant regarding your application, please provide the name and contact information for that person in the "License Information" section. Your named contact person will be permitted to make changes to the application paperwork on your behalf (except Related Party Personal Information Sheet) and we will communicate directly with them regarding any application issues or deficiencies, and you will not be copied by the division with the correspondence. Once the application is approved, all invoices and any subsequent communications will be sent to the mailing address of the licensee.

APPLICATION REQUIREMENTS AND INSTRUCTIONS FOR COMPLETING THIS APPLICATION

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.

[Types of Licenses and Permits](#)

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. This information can be found at [Local Zoning Departments](#)

Department of Revenue Clearance

Department of Revenue clearance is required on applications for all new, transfer, change of location, and applications which change the licensee's name. The address for the office serving your area of interest can be found at [Local ABT District Licensing Offices](#).

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. The address for the office serving your area of interest can be found at [Local ABT District Licensing Offices](#).

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, each partner of a general partnership, a general partner of a general partnership of a limited partnership, a managing member, manager, or officer of a limited liability company, each partner of a limited liability partnership, 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 applicant, each partner of a general partnership, a general partner of a general partnership of a limited partnership, a managing member, manager, or officer of a limited liability company, each partner of a limited liability partnership, or one of the officers of a corporate applicant that has been disclosed to and approved by the Division. In the case of a transfer pursuant to operation of law or judicial proceedings, the person named in the court order may sign the affidavit of transferor in lieu of a signature(s) from the division's licensee of record. The application must be accompanied by an original or a certified copy of the court document.

Fingerprints

Note: If you are a current licensee with the Florida Division of Alcoholic Beverages & Tobacco 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. Applicants whose fingerprints are returned to the division as illegible will be required to submit a second set of fingerprints.

Fingerprints must be submitted by each sole proprietor; 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; officers, managing members or managers of a limited liability company; partners of a limited liability partnership, 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 ([Livescan Device Vendors List](#)). 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 Alcoholic Beverage and Tobacco Applicants only:

Your fingerprint card can be obtained from the Department of Business and Professional Regulation by contacting the Division of Alcoholic Beverages and Tobacco at 850.488.8284, or one of the division's district offices. A listing of the district offices on the web can be found at

[Local ABT District Licensing Offices](#)

1. Go to the FDLE [Livescan Device Vendors List](#) and choose a Livescan vendor that is certified as "hard card scanning capable". These vendors have the ability to process fingerprints through additional methods, including the use of hard copy fingerprint cards. If the vendor requests that you provide a

fingerprint card, you may call the Department of Business and Professional Regulation at 850.487.1395 to obtain one. When requesting a card, please specify the profession for which you are seeking licensure.

2. If you are unable to obtain fingerprinting services through an FDLE approved "hard card scanning capable" vendor, please contact the Department of Business and Professional Regulation by calling 850.487.1395 to request the alternative procedure for fingerprint processing and fingerprint card. Each fingerprint card has a specific ORI code identifying the profession. When requesting a card, please specify the profession for which you are seeking licensure. Once the fingerprint card is received, you may then go to a local law enforcement office in your area to have your fingerprints rolled onto the card. Other information will be completed at the local law enforcement agency. For all programs, the completed card must be mailed to: **FLDBPR, Florida Fingerprinting Program, Prints Inc., 119 East Park Avenue, Tallahassee, FL 32301**, where the fingerprint card will be scanned. Prior to mailing your fingerprint card, you must complete the steps listed at <https://pearson.ibtfingerprint.com/> in order to register and make an advance payment of \$50.00 plus Florida Sales Tax. Do not send any money to Prints Inc. Out of State Alcoholic Beverage and Tobacco Applicants only: Your fingerprint card can be obtained from the Department of Business and Professional Regulation by contacting the Division of Alcoholic Beverages and Tobacco at 850.488.8284, or one of the division's district offices. A listing of the district offices can be found here.. Once the fingerprint card is received, you may then go to a local law enforcement officer in your area to have your fingerprints rolled onto the card. Information specific to the Division of Alcoholic Beverages and Tobacco will be preprinted on the fingerprint card. Other information will be completed at the local law enforcement agency. The instructions for submitting your fingerprint card are outlined above.

Related Party Personal Information

This section of the application must be completed by each applicant or person(s) directly connected with the business, unless they are a current licensee. The signature of each person filling out this section of the application must be an original. 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, partners of a limited liability partnership, 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.

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, and the division will redact the information from any public records request.

Directly/Indirectly Interested Person

A direct interest is created by 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 sale of alcoholic beverages;
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 pursuant to a lease;
4. a guarantor on a lease or loan;
5. a co-signer on a lease or loan.

An indirect interest includes, but is not limited to, any person or entity 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.

Note: Direct and indirect interests must be disclosed in the "DISCLOSURE OF INTERESTED PARTIES" section of the application.

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. **Applicable Statutes and Rule: 561.15 & 561.17, Florida Statutes; and 61A-1.017, Florida Administrative Code.**

Moral Character

The applicant is required to meet the moral character standards to have an interest in an alcoholic beverage license. Any person failing to meet **those standards** shall be required to submit mitigation under the moral character rule in order for the division to determine if the person is qualified. A copy of the rule and requirements can be found at [Moral Character](#).

Registration of Legal Entity

All corporations, domestic or foreign; general partnerships; limited liability companies; limited liability partnerships; 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 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.

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. You may wish to have an auditor review your surety bond prior to submitting this application. Contact the division's Auditing Office serving your area of interest for further information. A list of the Auditing offices can be found at: [Audit District Offices](#)

Sketch of Premises

A complete sketch of the premises, drawn in ink or computer generated (letter size) which includes all permanent walls, doors, windows, counters, labeling each room and area. Include any outside areas where alcoholic beverages will be sold, consumed, or served. **Due to the difficulty of scanning, no blueprints 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 mills 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 the only four types of records that are acceptable records for computing the transfer fee:

1. Department of Revenue sales tax records
2. Accounting records that have been audited and attested to by a Certified Public Accountant
3. Income tax records
4. Records of sales on file with the Division of Alcoholic Beverages & Tobacco

Follow this link for more information: [Quota Transfer Fee Computation](#)

We also provide the quota transfer fee computation sheet in a Microsoft Office Excel format which will calculate the transfer fee for you once the figures are entered. This form can be found at:

[QuotaComputationFee.xls](#)

APPLICATION CHECKLIST

<p>Transfer of Ownership</p>	<ul style="list-style-type: none"> <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"/> Pay \$100 fee if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco) <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"/> Submit Right of Occupancy
<p>Transfer application may include one or more of the following categories:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Change in Series <input type="checkbox"/> Decrease in Series <input type="checkbox"/> Increase in Series <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Officer/Stockholder/Amended Corporate Name <input type="checkbox"/> New Retail Tobacco Products Dealer Permit <p>If increasing the license series and requesting a temporary license, pay \$100 or ¼ of the annual license fee, whichever is greater, in addition to the \$100 transfer fee (make check payable to the Division of Alcoholic Beverages and Tobacco)</p>

**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 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:

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SECTION 1 – LICENSE TRANSACTION(S)	
<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	
Transaction Type:	
<input type="checkbox"/> Transfer of Ownership <ul style="list-style-type: none"> <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change in Series <input type="checkbox"/> Decrease in Series <input type="checkbox"/> Increase in Series <input type="checkbox"/> Change of Officer/Stockholder/Amended Corporate Name 	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"> <input type="checkbox"/> Pipes Only <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine 	
License Series Requested	Type/Class Requested
Child License Requested	Number of Child Licenses Requested

ABT District Office Received Date Stamp

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
If this application is for the transfer of this license, is the transfer due to revocation proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is there any personal relationship to the transferor? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Date</td> <td style="padding: 2px;">Location</td> </tr> <tr> <td colspan="2" style="padding: 2px;">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;">_____</p> <p style="text-align: right;">APPLICANT SIGNATURE</p> <p>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)</p> <p>known to me OR () 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**

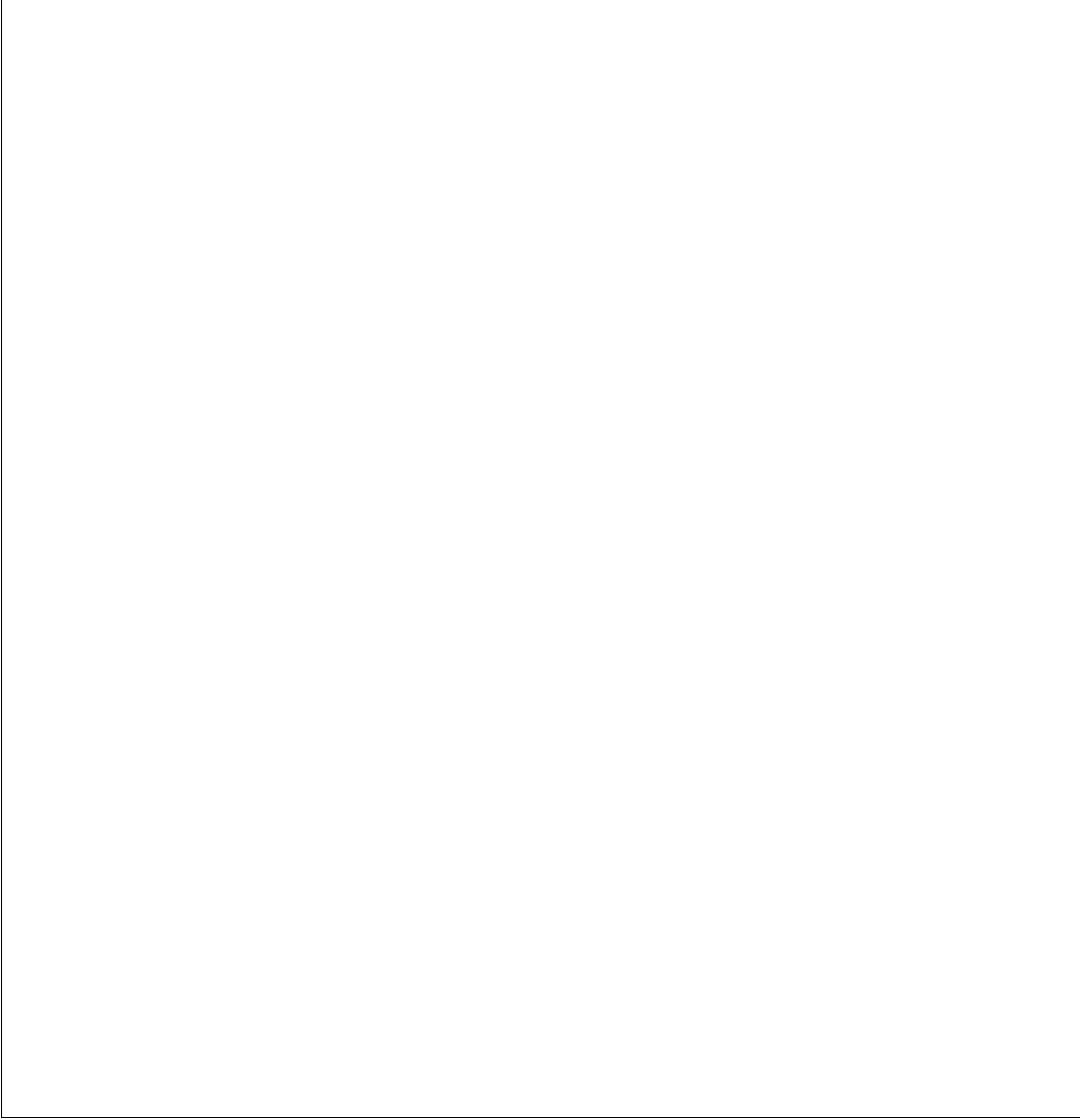
Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; 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 pursuant to this application for a Series: _____ Type:
- B. _____ license.
- C. 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 213.758.10 (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 6 – APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)

Has the applicant entity 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 entity was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

**SECTION 7 – 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 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 - 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 11 - 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 13 - 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: _____