

DBPR ABT-6014 – Division of Alcoholic Beverages and Tobacco Change of Location/Change in Series or Type Application

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

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

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Increase in Series	<input type="checkbox"/> Decrease in Series / Change in Type
Series Requested	Type Requested

SECTION 2 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant _____		Corporate Document # _____	
Contact Person		Phone Number	
Current License Number	Series	Type	
FEIN Number	Business Telephone Number		
Location Address			
City	County	State	Zip Code
Check either: <input type="checkbox"/> Location is within the city limits of _____ or <input type="checkbox"/> Location is in the unincorporated county			
Mailing Address			
Section / Name (Attention: – Optional)			
City		State	Zip Code
Do you wish to change the business name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list new name below.			
New Trade Name (D/B/A)			

**SECTION 3 - DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED**

Trade 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. | 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. No architectural drawings are accepted. | | |

DBPR Authorized Signature _____ Date _____

Approved Disapproved

Comments _____

**SECTION 4 - SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade Name (D/B/A) _____

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), Florida Statutes. (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:

**SECTION 5 - ZONING
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION**

Trade Name (D/B/A) _____

Street Address _____

City _____	County _____	State _____	Zip Code _____
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Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" Yes No

If this application is for issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A"

- 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.

Signed _____ Date _____

Title _____

**SECTION 6 - 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**

Trade Name (D/B/A) _____

Street Address _____

City _____

County _____

State _____

Zip Code _____

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

Signed _____ Date _____

Title _____ Agency _____

SECTION 7 - DISCLOSURE OF INTERESTED PARTIES

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

Trade Name (D/B/A) _____

1. Are there any persons 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, you must list the person(s) or entity and indicate which of the below applies.

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"/>	

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

2. Is there a management contract, franchise agreement, or service agreement in connection with this business? Yes No

3. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation? Yes No

4. 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? Yes No

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

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 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Trade Name (D/B/A) _____

"I, the undersigned individually, or if a corporation for itself, its officers and directors, 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 cigarette laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes. I further swear or affirm that the foregoing information is true and correct."

STATE OF _____ _____
APPLICANT SIGNATURE

COUNTY OF _____ _____
APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of _____, 20_____, By _____ who is () personally
known to me OR () who produced _____ as
identification.

Notary Public Commission Expires: _____

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Trade Name (D/B/A)

CODE:

City _____ County _____

FEIN NUMBER

TYPE

FEE

TOTAL _____

Approved by _____ Date _____ Audited: _____ Unaudited: _____

District Office Received Date Stamp

District Office Accepted for Filing Date Stamp