

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6014
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
CHANGE OF LOCATION/CHANGE IN SERIES OR TYPE APPLICATION**

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

GENERAL INSTRUCTIONS

Applications for change of location or change in series or type are filed with the Division of Alcoholic Beverages and Tobacco. You may also change the business name in conjunction with one of these actions. Please complete all information. All questions are applicable and must be answered fully and truthfully.

You must provide an original application and a copy of all supporting documentation. All signatures must be original. If eligible, a temporary license may be purchased.

Note: Florida law prohibits a person or entity from assuming operation of a premises selling alcoholic beverages, or operating as a bottle club, prior to obtaining a temporary or permanent license for the location in the person or entity's name. Florida law also prohibits licensees from selling alcoholic beverages not authorized by their current license prior to obtaining a temporary or permanent license for the sale of those alcoholic beverages. When applicable, you must submit a legible and executed copy of the following: Lease, Purchase Agreements, Franchise Agreements, Management Contracts, Service Agreements, and any agreements which require a percentage payment from the business operation.

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.

If you currently hold a retail tobacco products dealers permit in connection with the license you are changing the location for, please be advised that retail tobacco permits cannot change location. You must select the option for a Retail Tobacco Products Dealer Permit in Section 1 if you wish to sell those products at the new location.

APPLICATION REQUIREMENTS

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.

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**

**DBPR Form
ABT-6014
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.

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SECTION 1 - CHECK TRANSACTION REQUESTED			
Transaction Type:			
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Increase in Series		
<input type="checkbox"/> Change in Series	<input type="checkbox"/> Decrease in Series		
Also include:			
<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Retail Tobacco Products (must check one or more)		
	<input type="checkbox"/> Pipes <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine		
Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Series Requested		Type/Class Requested	
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 Licensee: (This is the name the license is issued in)		Department of State Document #	
FEIN Number*		Business Telephone Number ext	
Current Business Name (D/B/A)	Current License #	Series	Type/Class
New Business Name (D/B/A), if applicable			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Check either: <input type="checkbox"/> Location is within the city limits or <input type="checkbox"/> Location is in the unincorporated county			
Contact Person (Optional)		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 – DESCRIPTION OF PREMISES TO BE LICENSED

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 4 – APPLICATION APPROVALS

Full Name of Licensee

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 5 – CONTRACTS OR AGREEMENTS

Business Name (D/B/A)

These questions must be answered about this business for every person or entity listed as the applicant and copies of agreements must be submitted with this application. If the management, service, or other contractual agreement gives a person or entity control of the licensed premises or the sale of alcoholic beverages, disclosure of those persons must be made in the section labeled "DIRECT INTEREST" in the **DISCLOSURE OF INTERESTED PARTIES** section. They must also submit fingerprints and a related party personal information sheet.

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 6 – 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 sign and date:

Applicant's Signature: _____ Date: _____

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.

Business Name (D/B/A)

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

Title/Position	Name	Stock %
CORPORATION (CORP/INC)		
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		

LIMITED LIABILITY COMPANY (LLC/LC)

Managing Member(s) and/or Managers		
Members (must be printed if there are no managing members or managers)		

LIMITED PARTNERSHIP (LTD/LP/LTDLLP)

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 8 - 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 is 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: _____