

**DBPR ABT-6017 – Division of Alcoholic Beverages and Tobacco Application and Inspection  
Report for Off-Premises Storage Permit**

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

**DBPR Form  
ABT-6017  
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)

SECTION 1 - APPLICANT INFORMATION			
Business Name (D/B/A)			
Full Name of Current Licensee			
Location Address			
City	County	State FL	Zip Code
Beverage License Number	Series	Type	
Location Address of Proposed Off-Premises Storage (must differ from licensed premises address)			
City	County	State FL	Zip Code

SECTION 2 - SKETCH OF STORAGE PREMISES

**SECTION 3 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

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

"I, the undersigned individual, or if a registered legal entity for itself and its related parties, hereby swear or affirm that the accompanying sketch is a true and correct representation of the storage premises to be permitted and agree that the storage premises, if approved, may be inspected and searched during business hours or at any time the premises is occupied without a searched warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers.

I further agree that in the event said premises are altered or any additions are made thereto, such alterations or added portions to the said premises may be inspected in the same manner and by the same officers as is agreed to in the case of the original premises that may be licensed.

I further agree that the accompanying sketch will become and is a part of the application for a 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.

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_  
Notary Public

**ABT District Office Received / Date Stamp**