

**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**

*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			
Trade Name (D/B/A)			
Full Name of Applicant			
Location Address			
City	County	State	Zip Code
Beverage License Number	Series	Type	
Location Address of Proposed Off-Premises Storage (must differ from licensed premises address)			
City	County	State	Zip Code

**SECTION 2 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

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

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that the accompanying sketch or blue print is substantially 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 \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

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

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.

\_\_\_\_\_ Commission Expires:

Notary Public

**For Division Use Only  
SECTION 3 - REPORT OF INSPECTING OFFICER**

Date of Inspection \_\_\_\_\_

The above premises have been inspected and it is recommended that the application be:

Approved

Disapproved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4 - SKETCH OF STORAGE PREMISES**

Trade Name (D/B/A)

Sketch Verified By \_\_\_\_\_ Date \_\_\_\_\_

**DISTRICT OFFICE ACTION**

Trade Name (D/B/A)

Approved       Disapproved

Signature: \_\_\_\_\_