

**DBPR ABT-6020 – Division of Alcoholic Beverages and Tobacco
Application for Common Carrier License**

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

**DBPR Form
ABT-6020
Revised 02/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco (AB&T) at (850) 488-8284. Please send your completed application and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1021

SECTION 1 - CHECK TRANSACTION REQUESTED	
<input type="checkbox"/> New License for Common Carrier Series X Number of steamships, buses or airplanes in the fleet scheduled for operation in Florida []	
<input type="checkbox"/> New License for Common Carrier Series IX Number of dining, club, parlor, buffet or observation cars scheduled for operation in Florida []	

SECTION 2 - APPLICANT 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: (This is the name the license will be issued in)		Department of State Document #
Business Name (D/B/A):		
Name of Florida Airport/Terminal/Port:		
City	County	
Mailing Address (Street or P.O. Box):		
City	State	Zip Code
If you operate buses, steamships or airplanes in Florida, are they engaged in interstate or foreign commerce or operated between fixed terminals and upon fixed schedules? Attach a copy of your schedule or itinerary. <input type="checkbox"/> Yes <input type="checkbox"/> No		
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

SECTION 3 - CORPORATE FELONY CONVICTION

Business Name (D/B/A)

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

**SECTION 4 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business 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 foregoing application and agree that the steamships, buses or airplanes in addition to the designated central location, 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 laws.”

“It is understood that any license issued pursuant to this application authorizes the operators of railroads or sleeping cars, steamships and steamship lines, buses and bus lines, airplanes and airlines, to sell the alcoholic beverages defined in the beverage law to bona fide passengers only and for consumption on the licensed premises only. It is also understood that such sales are permitted while such passenger train, steamships, buses, and airplanes are in transit; but such sales are not permitted on airplanes while they are in airports.”

“I swear under oath or affirmation under penalty or perjury as provided for in Sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and that all of the above listed persons or entities meet the qualifications necessary to hold an alcoholic beverage license.”

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: _____