

DBPR ABT-6024 – Division of Alcoholic Beverages and Tobacco Application for Wholesale Cigarette Permit

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

**DBPR Form
ABT-6024
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. Please submit your completed application and required fee(s) 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"/> New License <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change to Related Parties <input type="checkbox"/> Change to Legal Entity <input type="checkbox"/> Correction	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2 - CHECK LICENSE CATEGORY			
<input type="checkbox"/> Cigarette Wholesale Dealer (CWD) <input type="checkbox"/> Cigarette Exporter (EXP) <input type="checkbox"/> Cigarette Importer (CIMP)	<input type="checkbox"/> Cigarette Distributing Agent (CDA) <input type="checkbox"/> Cigarette Manufacturer (CMFG)		
Please indicate whether the business is located inside or outside of Florida:			
<input type="checkbox"/> Florida Location <input type="checkbox"/> Out of State Location			
SECTION 3 – LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Florida Department of State on the line below.			
Full Name of Applicant: (This is the name the license will be issued in)		Department of State Document #	
Business Name (D/B/A)			
FEIN Number		Business Telephone Number	
Location Address (Street and Number)			
City	County	State	Zip Code
Contact Person		Telephone Number	
E-Mail Address			
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

ABT District Office Received / Date Stamp

SECTION 4 – RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

1.	Business Name (D/B/A)					
2.	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number)					
	City			State	Zip Code	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				License Number	
	Location Address					
6.	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Business Name (D/B/A)			
	Location Address					
7.	Have you been convicted of a felony within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED

Business Name (D/B/A)

Street Address

City

County

State

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. | | |

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**SECTION 6 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Business 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 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 %
<u>CORPORATION (CORP/INC)</u>		
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
<u>LIMITED LIABILITY COMPANY (LLC/LC)</u>		
Managing Member(s) and/or Managers		
Members (must be printed if there are no managing members or managers)		
<u>LIMITED PARTNERSHIPS (LTD/LP/LTDLLP)</u>		
General Partner(s)		
Limited Partner(s)		

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, 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"/>	

**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 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 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: _____

SECTION 9 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all **current** alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Business Name (D/B/A)

Last Name First M.I.

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth Social Security Number*

Street Address

City State Zip Code

Last Name First M.I.

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth Social Security Number*

Street Address

City State Zip Code

Last Name First M.I.

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth Social Security Number*

Street Address

City State Zip Code

Last Name First M.I.

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

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Street Address

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