

**DBPR ABT-6028 – Division of Alcoholic Beverages and Tobacco Application for Retail Tobacco Products Dealer Permit**

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

**DBPR Form AB&T  
ABT-6028  
Revised 02/08  
61A-10.083 FAC**

**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 - CHECK TRANSACTION REQUESTED         |                                                          |
|-------------------------------------------------|----------------------------------------------------------|
| <b>Transaction Type:</b>                        |                                                          |
| <input type="checkbox"/> New Permit             | <input type="checkbox"/> Change of Business Name         |
| <input type="checkbox"/> Change of Location     | <input type="checkbox"/> Change of Officers/Stockholders |
| SECTION 2 - CHECK TYPE OF APPLICANT             |                                                          |
| <input type="checkbox"/> Individual             |                                                          |
| <input type="checkbox"/> Corporation            |                                                          |
| <input type="checkbox"/> Partnership            | Charter Number: _____                                    |
| <input type="checkbox"/> Limited Partnership    |                                                          |
| SECTION 3 - CHECK TYPE OF SALES                 |                                                          |
| <input type="checkbox"/> Vending Machine Sales  |                                                          |
| <input type="checkbox"/> Over the Counter Sales |                                                          |
| <input type="checkbox"/> Internet               |                                                          |
| <input type="checkbox"/> Mobile                 | VIN #: _____                                             |

| SECTION 4 - LICENSE INFORMATION                                                                                                   |        |                                                      |          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|----------|
| Current Retail Tobacco Products Dealer Permit #                                                                                   |        | Current Alcoholic Beverage License # (if applicable) |          |
| Full Name of Applicant (if this is a corporation or other legal entity, enter the name as registered with the Secretary of State) |        |                                                      |          |
| Business Name (D/B/A)                                                                                                             |        |                                                      |          |
| Location Address (Street and Number)                                                                                              |        |                                                      |          |
| City                                                                                                                              | County | State                                                | Zip Code |
| Mailing Address (Street or P.O. Box)                                                                                              |        |                                                      |          |
| City                                                                                                                              |        | State                                                | Zip Code |
| Business Telephone Number                                                                                                         |        | FEIN Number or Social Security Number*               |          |

| LICENSE INFORMATION                                                                                                               |        |                                                      |          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|----------|
| Current Retail Tobacco Products Dealer Permit #                                                                                   |        | Current Alcoholic Beverage License # (if applicable) |          |
| Full Name of Applicant (if this is a corporation or other legal entity, enter the name as registered with the Secretary of State) |        |                                                      |          |
| Business Name (D/B/A)                                                                                                             |        |                                                      |          |
| Location Address (Street and Number)                                                                                              |        |                                                      |          |
| City                                                                                                                              | County | State                                                | Zip Code |
| Mailing Address (Street or P.O. Box)                                                                                              |        |                                                      |          |
| City                                                                                                                              |        | State                                                | Zip Code |
| Business Telephone Number                                                                                                         |        | FEIN Number or Social Security Number*               |          |

| LICENSE INFORMATION                                                                                                               |        |                                                      |          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|----------|
| Current Retail Tobacco Products Dealer Permit #                                                                                   |        | Current Alcoholic Beverage License # (if applicable) |          |
| Full Name of Applicant (if this is a corporation or other legal entity, enter the name as registered with the Secretary of State) |        |                                                      |          |
| Business Name (D/B/A)                                                                                                             |        |                                                      |          |
| Location Address (Street and Number)                                                                                              |        |                                                      |          |
| City                                                                                                                              | County | State                                                | Zip Code |
| Mailing Address (Street or P.O. Box)                                                                                              |        |                                                      |          |
| City                                                                                                                              |        | State                                                | Zip Code |
| Business Telephone Number                                                                                                         |        | FEIN Number or Social Security Number*               |          |

| LICENSE INFORMATION                                                                                                               |        |                                                      |          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|----------|
| Current Retail Tobacco Products Dealer Permit #                                                                                   |        | Current Alcoholic Beverage License # (if applicable) |          |
| Full Name of Applicant (if this is a corporation or other legal entity, enter the name as registered with the Secretary of State) |        |                                                      |          |
| Business Name (D/B/A)                                                                                                             |        |                                                      |          |
| Location Address (Street and Number)                                                                                              |        |                                                      |          |
| City                                                                                                                              | County | State                                                | Zip Code |
| Mailing Address                                                                                                                   |        |                                                      |          |
| City                                                                                                                              |        | State                                                | Zip Code |
| Business Telephone Number                                                                                                         |        | FEIN Number or Social Security Number*               |          |

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

**SECTION 5 - COMPANY INFORMATION**

Applicant Name(D/B/A)

**New applicants, including sole owners, and change of officer applicants must complete this section.** If a firm, association or partnership, list all partners or members below. If a corporation, list the president, vice president, secretary and treasurer below.

|      |                         |               |
|------|-------------------------|---------------|
| Name | Social Security Number* | Date of Birth |
|------|-------------------------|---------------|

Residence Address

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|      |                         |               |
|------|-------------------------|---------------|
| Name | Social Security Number* | Date of Birth |
|------|-------------------------|---------------|

Residence Address

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|      |                         |               |
|------|-------------------------|---------------|
| Name | Social Security Number* | Date of Birth |
|------|-------------------------|---------------|

Residence Address

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|      |                         |               |
|------|-------------------------|---------------|
| Name | Social Security Number* | Date of Birth |
|------|-------------------------|---------------|

Residence Address

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(ATTACH EXTRA SHEETS AS NECESSARY)

Have any of the above named persons, individually or as part of a firm, association or partnership or as an officer of a corporation, had a cigarette or Retail Tobacco Products Dealer Permit issued by the State of Florida revoked?      Yes  No

If yes, list full particulars below.

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(ATTACH EXTRA SHEETS AS NECESSARY)

\* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes.

**SECTION 6 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Applicant Name \_\_\_\_\_

"I hereby swear or affirm that I am duly authorized to make this affidavit and, as such, I hereby swear or affirm under penalty of perjury as provided for in Sections 559.791 and 837.06, Florida Statutes, that all of the persons named in this application are not less than eighteen (18) years of age and are qualified for issuance of a Retail Tobacco Products Dealer Permit. It is understood that when the permit is issued, the place or premises covered by the permit is subject to inspection and search without a search warrant by the division or its authorized employees, sheriffs, deputy sheriffs or police officers to determine compliance with Chapter 210 and 569, Florida Statutes. I further swear or affirm the foregoing information is true and correct."

STATE OF \_\_\_\_\_  
APPLICANT (Signature must be notarized)

COUNTY OF \_\_\_\_\_  
APPLICANT (Signature must be notarized)

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.

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

**FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE**

DATE OF APPLICATION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_