

**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
2601 Blair Stone Road
Tallahassee, FL 32399-0783**

**DBPR Form
ABT-6028
Revised 02/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. 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 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 Permit	<input type="checkbox"/> Change to Legal Entity
	<input type="checkbox"/> Change to Related Parties
	<input type="checkbox"/> Change of Business Name (only in connection with above)
SECTION 2 - CHECK TYPE OF SALES	
<input type="checkbox"/> Vending Machine Sales	
<input type="checkbox"/> Over the Counter Sales	
<input type="checkbox"/> Internet	Web Site Address
<input type="checkbox"/> Mobile	VIN #:
<input type="checkbox"/> Pipes Only	

SECTION 3 - 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(s) will be issued (in))		Department of State Document #
Business Mailing Address		
City	State	Zip Code
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

ABT District Office Received / Date Stamp

SECTION 4 - PERMIT INFORMATION

Note: If this application is for a change to an existing permit holder, please enter the permit number(s) in the space provided, otherwise leave blank. If the application is for a new permit(s), all other information is required.

Full Name of Applicant

Is there an alcoholic beverage license issued at this location? Yes No

If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State
FL

Zip Code

Is there an alcoholic beverage license issued at this location? Yes No

If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State
FL

Zip Code

Is there an alcoholic beverage license issued at this location? Yes No

If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State
FL

Zip Code

Is there an alcoholic beverage license issued at this location? Yes No

If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State
FL

Zip Code

Is there an alcoholic beverage license issued at this location? Yes No

If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State
FL

Zip Code

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

SECTION 5 – RELATED PARTY PERSONAL INFORMATION

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

	Full Name of Applicant					
1	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
2	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
3	Home Address (Street and Number)					
	City				State	Zip Code
4	Have you, as an individual or as a principal of an entity, had a permit revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				Permit Number	
5	Have you ever been adjudicated as owing \$500 or more in delinquent cigarette taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6	Have you ever been convicted of selling stolen or counterfeit cigarettes, receiving stolen cigarettes, or being involved in the counterfeiting of cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state or convicted in this state, any other state, or the United States during the past 5 years of any offense designated as a felony by such state or the United States, or to a corporation, any of whose officers have been so convicted. The term "convicted" shall include an adjudication of guilt on a plea of guilty or a plea of nolo contendere, or the forfeiture of a bond when charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8	Have you ever imported, or caused to be imported, into the United States any cigarette in violation of 19 U.S.C. s. 1681a? <input type="checkbox"/> Yes <input type="checkbox"/> No					

9	Have you imported, or caused to be imported, into the United States, or manufactured for sale or distribution in the United States, any cigarette that does not fully comply with the Federal Cigarette Labeling and Advertising Act (15 U.S.C. ss. 1331 et seq.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions 4-9, provide the specifics on a separate sheet of paper and a copy of the Arrest Disposition.	
NOTARIZATION STATEMENT	
"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 I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."	
STATE OF _____	
COUNTY OF _____	
_____ APPLICANT SIGNATURE	
The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 20____, By _____ who is () personally (print name of person making statement) known to me OR () who produced _____ as identification.	
_____ Notary Public	Commission Expires: _____

(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**

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)(l). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

SECTION 6 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. **To determine which of those persons must submit fingerprints and a Related Party Personal Information sheet, see the fingerprint section in the application instructions.**

Full Name of Applicant

1. When applicable, complete the appropriate section below. **Attach extra sheets if necessary.**

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		
GENERAL PARTNERSHIP – List all general partners		
LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
LIMITED PARTNERSHIP – List all general and limited partners.		
LIMITED LIABILITY PARTNERSHIP – List all partners		

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who derive revenue from the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of retail tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any persons or entities not disclosed who have guaranteed or co-signed a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application.

**SECTION 7 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Full Name of Applicant _____

"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 _____

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 8 - CURRENT PERMITTEE UPDATE DATA SHEET

This section is to be completed for all **current** retail tobacco product dealer permit holders listed on the application to ensure the most up to date information is captured.

Full Name of Applicant

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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