

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399-0783

DBPR Form
 ABT-6028
 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 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

| SECTION 1 - CHECK TRANSACTION REQUESTED | |
|---|---|
| Transaction Type: | |
| <input type="checkbox"/> New Permit | <input type="checkbox"/> Change to Permit Entity |
| | <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 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 # | | FEIN Number | |
| Business Mailing Address | | | |
| City | | State | Zip Code |
| Business Telephone Number | | E-mail Address | |
| The section below is optional and only to be completed if you wish to specify an individual to whom all communication about your application will be sent. | | | |
| Contact Person | | Telephone Number ext. | |
| E-Mail Address | | | |
| 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.)?
 Yes 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.

 Commission Expires: _____

Notary Public

(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)(I). This information is used to identify licensees for tax administration purposes.

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.

Full Name of Applicant

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

| Title/Position | Name | Stock % |
|-------------------------------|------|---------|
| CORPORATION (CORP/INC) | | |
| President | | |
| Vice President | | |
| Secretary | | |
| Treasurer | | |
| Director(s) | | |
| | | |
| Stockholder(s) | | |
| | | |

LIMITED LIABILITY COMPANY (LLC/LC)

| | | |
|--|--|--|
| Managing Member(s) and/or Managers | | |
| | | |
| | | |
| Members (must be printed if there are no managing members or managers) | | |
| | | |
| | | |

LIMITED PARTNERSHIP (LTD/LP/LTDLLP)

| | | |
|--------------------|--|--|
| General Partner(s) | | |
| | | |
| Limited Partner(s) | | |
| | | |

DIRECT INTEREST

Name of Individual or Entity (If a legal entity, list name under which the entity does business and its principles)

| Title/Position | Name | Stock % |
|----------------|------|---------|
| | | |
| | | |
| | | |

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, and the terms create a direct interest in the business, you must list the person(s) or entity and indicate which of the below applies. Copies of agreements must be submitted with this application.

| 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 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** Cigarette and/or tobacco 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. |
|-----------|-------|------|

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)

| | |
|---------------|-------------------------|
| 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 |
|------|-------|----------|