

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT- 6032  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
SURETY BOND FORM**

**Application begins on page 4**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local Auditing District Office. Please submit your completed form and required information to your local Auditing District Office at the address listed below.*

**AB&T Auditing District Offices**

**Pensacola**

4900 Bayou Blvd., Suite 210  
Pensacola, Florida 32505- 2518  
(850) 494-5958  
*Counties: Escambia-Holmes-  
Okaloosa-Santa Rosa-Walton-  
Washington*

**Orlando**

400 W. Robinson St., Suite 709 N  
Orlando, Florida 32801- 1700  
(407) 245-0765  
*Counties: Brevard-Citrus-Flagler-  
Indian River-Lake-Levy-Marion-  
Orange-Osceola-Seminole-Sumter-  
Volusia*

**Fort Lauderdale**

5080 Coconut Creek Pkwy, Suite B  
Margate, Florida 33063- 3942  
(954) 917-1352  
*Counties: Broward-Charlotte-  
Collier-Glades-Hendry-Lee-Martin-  
Okeechobee-Palm Beach-St. Lucie*

**Tallahassee**

1940 N. Monroe Street  
Tallahassee, Florida 32399- 1026  
(850) 922-2288  
*Counties: Bay-Calhoun-Dixie-  
Franklin-Gadsden-Gulf-Jackson-  
Jefferson-Lafayette-Leon-Liberty-  
Madison-Taylor-Wakulla*

**Tampa**

1313 N. Tampa St., Suite 909  
Tampa, Florida 33602- 3303  
(813) 272-2613  
*Counties: Desoto-Hardee-  
Hernando-Highlands-Hillsborough-  
Manatee-Pasco-Pinellas-Polk-  
Sarasota*

**Miami**

8240 N.W. 53rd Terrace, Suite 302  
Doral, FL 33166- 4528  
(305) 470-5044  
*Counties: Dade-Monroe*

**Jacksonville**

7960 Arlington Expwy., Suite 601  
Jacksonville, Florida 32211- 7470  
(904) 727-5554  
*Counties: Alachua-Baker-Bradford-  
Clay-Columbia-Duval-Gilchrist-  
Hamilton-Nassau-Putnam-St.  
Johns-Suwannee-Union*

**GENERAL INSTRUCTIONS**

1. The application must be filed in duplicate and typed or neatly printed in ink.
2. All questions must be answered completely. If a question is not applicable, it is to be marked with the letters "N/A." Incomplete applications will not be reviewed.
3. This application is a sworn document and must be signed by all persons listed.

**APPLICATION REQUIREMENTS**

1. A separate bond must be submitted for each type of license or permit. See "Bonding and Tax Reporting Requirements" below for a description of each.

2. All bond forms are to be filed with the appropriate District Licensing Office when submitting a completed application for a license or permit. Pursuant to Florida Statutes, a surety bond is required by all manufacturers and distributors of alcoholic beverages (Sections 561.37, 561.371, and 562.25), all distributing agents and wholesale distributors of cigarettes (Sections 210.05(3)(b) and 210.08), and all wholesale distributors of tobacco products (Section 210.40) prior to the application approval.
3. A properly certified copy of the Surety Agent's Power of Attorney must be included with this form.

**BONDING AND TAX REPORTING REQUIREMENTS**

**1. Bonds**

<u>Class</u>	<u>Type</u>	<u>Series</u>	<u>Products</u>	<u>Amount</u>	<u>Statute</u>
ALCOHOLIC BEVERAGES:	Manufacturer	CMB	Malt Beverages (Beer)	\$20,000	561.37, F.S.
		AMW	Wine (only)	5,000	561.37, F.S.
		BMWC	Wine and Cordials	5,000	561.37, F.S.
		DD	Distilled Spirits (Liquor)	25,000	561.37, F.S.
		ERB	Rectify and/or Blend	25,000	561.37, F.S.
	Distributor	JDBW	Beer and/or Wine	25,000	561.37, F.S.
		/EDB KLD/KLD2	Beer, Wine, and Liquor	100,000	561.371, F.S.
	Importers	IMP	Beer, Wine, and Liquor	-0-	Possession Prohibited
	Brokers or Sales Agents	BSA	Beer, Wine, and Liquor	-0-	Possession Prohibited
	Bonded Warehouse	SBW	Beer, Wine, and Liquor	5,000	562.25, F.S.
CIGARETTES:	Distributor	CWD	Tax-paid (Only), Stamping Agent (Cash), Stamping Agent (Charge)	2,000 - Unlimited	210.08, F.S. 210.08, F.S. 210.05(3)(b), F.S.
	Distributing Agent	CDA	Public Warehousing	2,000 - Unlimited	210.08, F.S.
TOBACCO PRODUCTS:	Distributor	TWD	Pipe Tobacco, Chewing Tobacco, and Snuff	Unlimited	210.40, F.S.

**Note:** No license or permit can be issued without a properly executed surety bond. If said bond becomes expired or cancelled, the licensee or permittee is enjoined from further transactions.

**2. Monthly Reports**

Pursuant to Florida Statutes, a monthly report is required by all manufacturers, distributors, importers, brokers, and sales agents of alcoholic beverages (Section 561.55), all distributing agents and wholesale distributors of cigarettes (Section 210.09), and wholesale distributors of tobacco products (Section 210.55), showing all product activity and remitting payment of any and all excise taxes due for the previous month. All reports are to be filed with the appropriate District Auditing Office (listed above) on or before the tenth day of the month following the month for which the report is made.

**APPLICATION CHECKLIST**

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Surety Bond Form</b>	<input type="checkbox"/> Complete DBPR ABT-6032 – Division of Alcoholic Beverages and Tobacco Surety Bond Form <input type="checkbox"/> Properly certified copy of the Surety Agent's Power of Attorney

**DBPR ABT-6032 – Division of Alcoholic Beverages and Tobacco Surety Bond Form**

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

**DBPR Form AB&T  
ABT-6032  
Revised 02/08  
61A-10.021 FAC and  
61A-10.082 FAC**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395. Please submit your completed form and required information to your local Auditing District Office at the address listed in the instruction sheet.*

<b>SECTION 1 – BOND INFORMATION</b>	
Bond Number	Bond Amount
Please Check One:	
<b>Alcoholic Beverages</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> JDBW Distributor <input type="checkbox"/> KLD Distributor <input type="checkbox"/> Bonded Warehouse	<b>Cigarettes</b> <input type="checkbox"/> Tax-paid Distributor <input type="checkbox"/> Stamping Distributor-Cash <input type="checkbox"/> Stamping Distributor-Charge <input type="checkbox"/> Distributing Agent <input type="checkbox"/> Exporter
	<b>Tobacco Products</b> <input type="checkbox"/> Distributor

<b>SECTION 2 – APPLICANT INFORMATION</b>		
Name (As it appears on application, license, or permit)		
Trade Name (D/B/A)	License Number (If Applicable)	
doing business in _____ County	State of _____ As Principal and,	
(Name of Licensed Surety Company)	(Street Number or P.O. Box)	
City	State	Zip Code
	<b>FL</b>	
As Surety are bound to the State of Florida as of _____ in the amount of _____ for which we bind ourselves, our heirs, personal representatives, successors and assigns, jointly and severally. The condition of this bond is that, if the Principal shall account for and pay over promptly to the Division of Alcoholic Beverages and Tobacco all money due or which shall become due the State of Florida for taxes due on the Principal's operations and shall otherwise comply with the provisions of the:		
Check one: <input type="checkbox"/> Beverage Laws (Chapters 561-568, F.S.) <input type="checkbox"/> Cigarette Laws (Chapter 210, F.S., Part I) <input type="checkbox"/> Tobacco Product Laws (Chapter 210, F.S., Part II)		
of the State of Florida, then this obligation shall be void; otherwise, it shall remain in full force and effect.		

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be cancelled and discontinued by giving sixty days notice in writing to the Division of Alcoholic Beverages and Tobacco, and this bond shall be deemed cancelled at the expiration of said sixty days, the said Surety remaining liable for all or any act or acts covered by this bond which may have been committed by the Principal up to the date of cancellation, under the terms, conditions, and provisions of this bond.

Signed and Sealed on:

(Name of Applicant)

(Name of Surety Company)

\_\_\_\_\_  
(Signature of Principal/Applicant)

\_\_\_\_\_  
(Signature and Office for Surety)

**AB&T USE ONLY  
AUDIT APPROVAL**

**D.O.** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**C.O.** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_