

DBPR ABT-6004 – Division of Alcoholic Beverages and Tobacco Change of Officer/Stockholder Application

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

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"/> Change of Officer/Stockholder		<input type="checkbox"/> Amendment to Corporate/Entity Name	
<input type="checkbox"/> Change of Business Name			
SECTION 2 – LICENSE INFORMATION			
Corporate Document Number			
Full Name of Applicant			
Contact Person		Phone Number	
List all current license numbers for the entity listed above (Attach additional sheet if necessary)			
License Number		License Number	
Current Trade Name (D/B/A)		FEIN # or Social Security Number*	
Do you wish to change the current Trade Name (D/B/A)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the new Trade Name (D/B/A) below:			
Mailing Address			
Section / Name (Attention: – <i>Optional</i>)			
City	County	State	Zip Code
Is the change of officer application due to revocation proceedings?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is there any personal relationship to any of the former officers?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the relationship:			

SECTION 3 – PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION

This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.

1.	Trade Name (D/B/A)					
2.	Full Name of Applicant					
	Social Security Number*			Home Phone 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 city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	D/B/A Name			Date		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear in any state of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION. Attach additional sheet if necessary.					
	Date		Location			
	Type of Offense					

9. Are you an official with State police powers granted by the Florida Legislature?
 Yes No
 If yes, provide details:

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 Section 6 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 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 4 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade 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), F.S. (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 5 – CONTRACTS OR AGREEMENTS

These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

Trade Name (D/B/A) _____

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a management contract, franchise agreement, or service agreement in connection with this business?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

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.

Trade Name (D/B/A)

1. List below the names, titles and percentage of stock held for all officers, directors, stockholders, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary. If the applicant is a limited partnership or limited liability company, attach a list of all limited partners and members.

Title/Position	Name	Stock %
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
Managing Member(s)		
General Partner(s)		
Bar Manager (Fraternal Organizations of National Scope only)		

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 7 – CORPORATE FELONY CONVICTION

Trade Name (D/B/A)

Has the applicant corporation been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the corporation was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

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 .

Trade Name (D/B/A)

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Trade Name (D/B/A) _____

CODE:

City _____ County _____

FEIN NUMBER _____

TYPE

Change of Officer(s)

Change of Business Name

FEE

TOTAL _____

Approved by _____ Date _____ Audited: _____ Unaudited: _____

District Office Received Date Stamp

District Office Accepted Date Stamp