

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6008  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR IMPORTERS, BROKERS, OR SALES AGENT LICENSES**

**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 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 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)

**GENERAL INSTRUCTIONS**

**Submitting Your Application**

Please complete all information. All questions are applicable and must be answered fully and truthfully.

You must provide an original and a copy of the application and duplicate copies of all supporting documentation. All signatures must be original.

**Note:** When applicable, you must submit two legible and executed copies of your lease agreement. Florida law prohibits transfer applicants from assuming operation of a licensed establishment and selling alcoholic beverages prior to obtaining a temporary or permanent license in the transferee's name.

**APPLICATION REQUIREMENTS**

**Affidavit of Applicant**

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant; all partners of a general partnership; all general partners of a limited partnership; all managing members of a limited liability company; or one of the officers of a corporate applicant.

**Affidavit of Transferor**

The affidavit of transferor must be completed for all transfer applications. The affidavit must be signed by the individual owner, all partners of a general partnership, all general partners of a limited partnership, all managing members of a limited liability company, or a corporate officer of record. If the transfer is pursuant to operation of law or judicial proceedings, certified copies of court order(s) in which the applicant is named may be accepted in lieu of signature(s) of seller.

**Fingerprints**

Fingerprints must be submitted by each individual applicant, all corporate officers, all managing members, all general partners of a limited partnership, all partners of a general partnership, each individual stockholder owning more than .5 percent of stock, and all directors. Each applicant shall submit electronic fingerprints through the department's vendor PearsonVue. Costs associated with the fingerprint process will be collected by PearsonVue. You may contact PearsonVue at [www.pearsonvue.com](http://www.pearsonvue.com) or by calling 1.888.274.2020. At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your PearsonVue receipt. The receipt serves as proof of the fingerprint requirement and includes information necessary to process your application. Failure to provide this receipt will delay the processing and/or denial of your application.

Note: If you are a current licensee or have been fingerprinted by this division in the past three (3) years, you are not required to submit this fingerprint information.

**Partner, Officer, Stockholder Personal Data - Section 4**

This section of the application must be completed with original signatures for each applicant or person(s) directly connected with the business, unless they are current licensees. This will include the sole proprietor, all partners, officers, directors, individual share holders owning more than .5% of stock in non-public corporations, general partners of general partnerships, general partners of a limited partnership, and the managing partners of a limited liability company. Directly interested persons include anyone that is connected with the business who has a beneficial interest. It is important that each individual disclose any arrests they have had, even if they were charged, but not formally arrested, and regardless of the disposition.

#### **Corporate And Limited Partnership Registration**

All corporations, domestic or foreign; general partnerships; limited liability corporations; and limited partnerships are required to be registered with the Florida Secretary of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 for further information. Your application cannot be accepted by this division without this registration.

#### **Federal Employer's Identification Number (FEIN)**

All licensees who pay wages to one or more employees must have a Federal Employer's Identification Number. Contact the Internal Revenue Service (IRS) at 1-800-829-3676 and request Form #SS4.

#### **Sketch of Premises**

A Florida location address is required; however, a sketch is not necessary if the Florida location is that of a resident agent. A sketch is required if the importers, brokers, or sales agent location is domiciled in Florida. If applicable, you must submit a legible and executed copy of your lease.

#### **Certified Copy of Arrest Disposition**

If the applicant answers "yes" to any of the criminal background questions asked in this application, provide a Certified Copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule.

#### **Mitigation for Moral Character**

If the applicant is required to submit an arrest disposition, they may also be required to submit mitigation under the moral character rule. A copy of the rule and requirements can be found on AB&T's page of the DBPR web site.

#### **Disclosure of Interested Parties**

The applications must disclose all persons or entities having an interest, direct or indirect, in the business sought to be licensed and questions must be answered for each person or entity.

**APPLICATION CHECKLIST**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Initial License as Importer (IMPR)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$125 fee if requesting an initial temporary license (make checks payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent</li> <li><input type="checkbox"/> Submit a certified copy of the disposition, if applicable</li> <li><input type="checkbox"/> Contact the department's vendor for electronic fingerprinting, PearsonVue at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a> or call 1.888.274.2020 to arrange for fingerprinting. Submit the receipt issued by PearsonVue with your application.</li> <li><input type="checkbox"/> Submit Secretary of State Certificate of Status</li> <li><input type="checkbox"/> Certified copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> </ul>
<p><b>Initial License as Broker Sales Agent (BSA)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$125 fee if requesting an initial temporary license (make checks payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent</li> <li><input type="checkbox"/> Submit a certified copy of the disposition, if applicable</li> <li><input type="checkbox"/> Contact the department's vendor for electronic fingerprinting, PearsonVue at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a> or call 1.888.274.2020 to arrange for fingerprinting. Submit the receipt issued by PearsonVue with your application.</li> <li><input type="checkbox"/> Submit Secretary of State Certificate of Status</li> </ul>
<p><b>Transfer of Ownership</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary license (make checks payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent</li> <li><input type="checkbox"/> Contact the department's vendor for electronic fingerprinting, PearsonVue at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a> or call 1.888.274.2020 to arrange for fingerprinting. Submit the receipt issued by PearsonVue with your application.</li> <li><input type="checkbox"/> Submit Secretary of State Certificate of Status</li> </ul>

**DBPR ABT-6008 – Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent**

**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 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 page of the DBPR web site at the link provided below.*

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SECTION 1 - CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> New License	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transfer of Ownership	
<input type="checkbox"/> Change of Location	
<input type="checkbox"/> Change of Business Name	
<input type="checkbox"/> Change of Officers/Stockholders	
Corporate Document Number	
SECTION 2 - CHECK LICENSE CATEGORY	
<input type="checkbox"/> Importer	
<input type="checkbox"/> Broker Sales Agent	

SECTION 3 - LICENSE INFORMATION			
Full Name of Applicant (If this is a corporation or other legal entity, enter the name as registered with the Secretary of State)			
Trade Name (D/B/A)			
Florida Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
FEIN Number	Business Telephone Number	Current License Number, if applicable	

**SECTION 4 – 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 <b>Certified Copy of the Arrest Disposition</b> , 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 <b>CERTIFIED COPY OF THE DISPOSITION. Attach additional sheet if necessary.</b>					
	Date		Location			
	Type of Offense					



**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED**

Trade Name (D/B/A) \_\_\_\_\_

- |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------|
| 1. | Yes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                    | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved?                                                 |
| 2. | Yes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                    | No <input type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan. <b>No architectural drawings are accepted.</b> |                             |                                                                                                       |

AB&T Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved       Disapproved

Comments \_\_\_\_\_

\_\_\_\_\_

**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 name, title and address for all principals of the business. Attach extra sheets if necessary.

NAME	TITLE	ADDRESS

2. Have you in the past or presently, individually or as an officer or stockholder of a corporation in this state or any other state:

- |                                                                                                                                                                                       |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which sells any alcoholic beverages at retail?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which manufactures, distributes, imports or exports any alcoholic beverages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to either of these questions is "yes", list full particulars to include business names, cities, states, and dates.




