

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

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

GENERAL INSTRUCTIONS

Submitting Your Application

Applications for alcoholic beverage licenses and retail tobacco products dealer permits are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions must be answered fully and truthfully. You must provide an original application and supporting documentation. All signatures must be original. If eligible, a temporary license may be purchased.

Note: When applicable, you must submit a legible and executed copy of the following: Right of Occupancy (lease or deed must be in the entity applying for the license), Purchase Agreements, Franchise Agreements, Management Contracts, Service Agreements, and any agreements which require a percentage payment from the business operation, Certified Copy of Death Certificate, Letters of Administration, Certificate of Title, Certified Copy of All Court Orders pertaining to the alcoholic beverage license.

Contact Person

All communications regarding your application will be sent to the applicant at the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled "License Information". If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

APPLICATION REQUIREMENTS

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager 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 copy 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 sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations, general partners of general partnerships, general partners of a limited partnership, managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan

Device Vendors List

(http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf).

Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you. You will need to enclose a money order (personal checks are not accepted) for the total amount of the cost associated with the fingerprint process, payable to Pearson VUE, with your card. You may contact Pearson VUE at www.pearsonvue.com or by calling 1.877.238.8232. Once you have been fingerprinted and all information is complete, mail the card to Pearson VUE at:

FLDBPR, c/o Pearson VUE, Florida Fingerprinting Program,
3131 South Vaughn Way, Suite 205, Aurora, CO 80014

At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your fingerprint receipt. The receipt serves as proof that you have met the fingerprint requirement. Failure to provide this receipt will delay the issuance of your temporary or permanent license, and could result in your application being denied. Applications must be submitted within **150 days** of the date fingerprints are taken.

Note: If you are a current licensee you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated.

Related Party Personal Information

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 ½ of 1 percent of stock in non-public corporations, all partners of each general partnership, all general partners of a limited partnership, all managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business. It is important that each individual discloses any arrests they have had within the past 15 years, even if they were charged, but not formally arrested, and regardless of the disposition.

Copy of Arrest Disposition

If the applicant answers “yes” to any of the criminal background questions asked in this application, provide a 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.

Direct Interest

A direct interest is a person or entity having an interest with the applicant in the business sought to be licensed and, includes but is not limited to:

1. an interest which is created by virtue of the interested party deriving revenue from the license;
2. a person or entity having the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages, the terms of which, are contrary to 561.17, Florida Statutes, or 61A-3.017, Florida Administrative Code;
3. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise.

A direct interest does not include any person that derives revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is specifically exempt by statute or rule.

Registration of Legal Entity

All corporations, domestic or foreign; general partnerships; limited liability companies; and limited partnerships are required to be registered with the Florida Department of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 or www.sunbiz.org for further information. Your application will be considered incomplete without this active 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. **No architectural drawings are accepted.**

APPLICATION CHECKLIST

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

| TRANSACTION | APPLICATION REQUIREMENTS |
|---|---|
| Initial License as Importer (IMPR) | <ul style="list-style-type: none"><input type="checkbox"/> Pay \$125 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Submit a certified copy of the disposition, if applicable<input type="checkbox"/> Copy of the Arrest Disposition, if applicable<input type="checkbox"/> Mitigation for Moral Character, if applicable<input type="checkbox"/> Right of Occupancy |
| Initial License as Broker Sales Agent (BSA) | <ul style="list-style-type: none"><input type="checkbox"/> Pay \$125 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Copy of the Arrest Disposition, if applicable<input type="checkbox"/> Mitigation for Moral Character, if applicable<input type="checkbox"/> Right of Occupancy |
| Transfer of Ownership Importer or Broker Sales Agent | <ul style="list-style-type: none"><input type="checkbox"/> Pay \$100 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Copy of the Arrest Disposition, if applicable<input type="checkbox"/> Mitigation for Moral Character, if applicable<input type="checkbox"/> Right of Occupancy |

**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**

**DBPR Form
ABT-6008
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 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

| SECTION 1 - CHECK LICENSE CATEGORY | | | |
|--|--|--------------------------------|----------|
| <input type="checkbox"/> Importer | | | |
| <input type="checkbox"/> Broker Sales Agent | | | |
| SECTION 2 - CHECK TRANSACTION REQUESTED | | | |
| Transaction Type: | | | |
| <input type="checkbox"/> Initial Permanent 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"/> Correction | | | |
| Complete this section only if this application is for the transfer of an existing license | | | |
| Current Business Name: | | Current License Number | |
| Is this transfer due to revocation proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, is there any personal relationship to the transferor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, explain the relationship: | | | |
| | | | |
| | | | |
| SECTION 3 - LICENSE 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. | | | |
| Full Name of Applicant (This is the name the license will be issued in) | | | |
| Business Name (D/B/A) | | | |
| FEIN Number | | Department of State Document # | |
| Location Address (Street and Number) | | Business Telephone Number | |
| City | County | State FL | Zip Code |
| Contact Person | | Telephone Number | |
| E-Mail Address | | | |
| Mailing Address (Street or P.O. Box) | | | |
| City | | State | Zip Code |
| Does the applicant entity currently hold an alcoholic beverage license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, complete the following information: | | | |
| License Number | | Series | Type |
| Business Name | | | |

SECTION 4 – RELATED PARTY PERSONAL INFORMATION

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

| | | | | | | |
|----|---|-----|--------|-------------------|----------------|---------------|
| 1. | Business Name (D/B/A) | | | | | |
| 2. | Full Name of Individual | | | | | |
| | 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 the city and state. | | | | | |
| | Business Name (D/B/A) | | | | License Number | |
| | Location Address | | | | | |
| 6. | Have you 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. | | | | | |
| | Business Name (D/B/A) | | | | Date | |
| | Location Address | | | | | |
| 7. | Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist. | | | | | |
| | Date | | | Location | | |
| | Type of Offense | | | | | |
| 8. | Have you been convicted of an offense involving alcoholic beverages anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist. | | | | | |
| | Date | | | Location | | |
| | Type of Offense | | | | | |

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business 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. | | |

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.

Business Name (D/B/A)

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

3. 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. Each directly interested person must submit fingerprints and a related party personal information sheet. Copies of agreements must be submitted with this application.

| Name | Guarantor | Co-signer | Lender | Interest Rate |
|------|--------------------------|--------------------------|--------------------------|---------------|
| | <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 – APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)

Has the applicant entity 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 entity was convicted, and the city, county, state and court where the conviction took place.

**SECTION 8 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A)

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, hereby acknowledge that access must be provided to authorized employees of the division to all business premises and records.

I swear under oath or affirmation under penalty of perjury as provided in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct and that no other person or entity except as indicated herein has an interest in the business and that all of the above listed persons or entities meet the necessary qualifications to be licensed as an Importer, Broker, or Sales Agent."

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 9 - AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF _____

COUNTY OF _____

TRANSFEROR OR AUTHORIZED SIGNATURE

TRANSFEROR OR AUTHORIZED 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: _____

ABT District Office Received / Date Stamp

SECTION 10- 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 to ensure the most up to date information is captured.

Business Name (D/B/A)

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

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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth Social Security Number*

Street Address

City State Zip Code