

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**NOTE – This form must be submitted as part of an application packet**

**DBPR Form**  
**ABT- 6011**  
**Revised 09/2010**

*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](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

SECTION 1 - CHECK TRANSACTION REQUESTED			
<b>Transaction Type:</b>			
<input type="checkbox"/> Initial Permanent License	<input type="checkbox"/> Transfer of Ownership	Do you wish to purchase a Temporary License?	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Correction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this application for the transfer of a license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Business Name (D/B/A)		Current License Number	
If this application is for the transfer of this license, is the 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 2 - 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)			
Department of State Document #		FEIN Number	
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State <b>FL</b>	Zip Code
Business Telephone Number		E-mail Address	
Business Mailing Address		State	Zip Code
<b>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.</b>			
Contact Person		Telephone Number	
E-Mail Address			
Mailing Address (Street or P.O. Box)		State	Zip Code

<b>ABT District Office Received / Date Stamp</b>
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**SECTION 3 – 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 Telephone 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 <b>alcoholic beverage</b> , 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 <b>felony</b> within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving <b>alcoholic beverages</b> anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

9.	Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a <b>Copy of the Arrest Disposition.</b> <b>Attach additional sheet if necessary.</b>
Date	Location
Type of Offense	
10.	Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTARIZATION STATEMENT</b>	
"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.	
_____ Notary Public	Commission Expires: _____

(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**

Business 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 – DIVISION OF HOTELS AND RESTAURANTS**

Full Name of Applicant \_\_\_\_\_

The named applicant for a license has complied with the requirements of Chapter 509, Florida Statutes, and is currently licensed by the Division of Hotels and Restaurants to provide catering services and complies with the requirements of the Florida Sanitary Code.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**SECTION 6 – CONTRACTS OR AGREEMENTS**

Business Name (D/B/A)

These questions must be answered about this business for every person or entity listed as the applicant and copies of agreements must be submitted with this application. If the management, service, or other contractual agreement gives a person or entity control of the licensed premises or the sale of alcoholic beverages, disclosure of those persons must be made in the section labeled "DIRECT INTEREST" in the **DISCLOSURE OF INTERESTED PARTIES** section. They must also submit fingerprints and a related party personal information sheet.

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 7 – APPLICANT ENTITY FELONY CONVICTION**

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.


(Attach additional sheets if necessary)

**SECTION 8 – 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 %
<b>CORPORATION (CORP/INC)</b>		
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 %

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 (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 9 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

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

"I, the undersigned individually, or if a registered legal entity for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application, and agree that the place where business is being conducted may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, agents of the Division of Hotels and Restaurants, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage law. It is understood that we must maintain for a period of three (3) years all records required by the division by statute to demonstrate compliance with the requirements of the purchase of alcoholic beverages and records identifying each customer and the location and date of each catered event.

"I, the undersigned individually, or if a corporation for itself, its officers and directors, acknowledge the requirement that a caterer must derive at least 51 percent of its gross revenue from the sale of food and nonalcoholic beverages, and be licensed by the Division of Hotels and Restaurants under chapter 509. If the alcoholic beverage caterer is licensed under s. [565.02\(1\)](#) and is not providing food, a licensed food caterer must also be contracted with for the event. Alcoholic beverages may only be sold or served for consumption on the premises of the catered event. Alcoholic beverages may only be purchased from a vendor licensed under s. [563.02\(1\)](#), s. [564.02\(1\)](#), or s. [565.02\(1\)](#). Any unused alcoholic beverages for a catered event must remain with the customer; unless the vendor from which the beverages were purchased accepts unopened alcoholic beverages for a credit or reimbursement."

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 the foregoing information is true and that no other person or entity except as indicated herein has an interest in the license and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license."

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.

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**SECTION 10 - 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 \_\_\_\_\_

\_\_\_\_\_  
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 11 - 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.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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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*
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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*
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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*
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Street Address

City	State	Zip Code
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