

DBPR ABT-6011 –Division of Alcoholic Beverages and Tobacco Application for Caterer’s License

**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"/> Initial Permanent License <input type="checkbox"/> Correction	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant		Corporate Document # _____	
Trade Name (D/B/A)			
FEIN Number or Social Security Number*		Business Telephone Number	
Contact Person		Phone Number	
Location Address (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
Section / Name (Attention: - <i>Optional</i>)			
City	County	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.			
Current License Number		Series	Type
Current Trade Name (D/B/A)			

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					
	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.					
	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.	<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 25%; border-bottom: 1px solid black;">Date</td> <td style="border: none; width: 75%; border-bottom: 1px solid black;">Location</td> </tr> <tr> <td colspan="2" style="border: none; border-bottom: 1px solid black;">Type of Offense</td> </tr> <tr> <td colspan="2" style="border: none; height: 20px;"></td> </tr> </table>	Date	Location	Type of Offense			
Date	Location						
Type of Offense							
9.	<p>Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; border-bottom: 1px solid black; height: 40px;"></td> </tr> </table>						
NOTARIZATION STATEMENT							
<p>"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 7 of this application. I further swear or affirm that the foregoing information is true and correct."</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p style="text-align: right;">_____ APPLICANT SIGNATURE</p> <p>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.</p> <p style="text-align: right;">_____ Commission Expires: _____</p> <p style="text-align: center;">Notary Public</p>							

(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 has complied with the Florida Statutes concerning registration for Sales and Use Tax.

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 – CORPORATE FELONY CONVICTION

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 7 – 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)		

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 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 to ensure the most up to date information is captured.

Trade Name (D/B/A)

Last Name	First	M.I.
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Current License Number(s)

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

City	State	Zip Code
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Last Name	First	M.I.
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Current License Number(s)

Date of Birth _____ / _____ / _____	Social Security Number*
-------------------------------------	-------------------------

Street Address

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

Last Name	First	M.I.
-----------	-------	------

Current License Number(s)

Date of Birth _____ / _____ / _____	Social Security Number*
-------------------------------------	-------------------------

Street Address

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

Last Name	First	M.I.
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Current License Number(s)

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

City	State	Zip Code
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FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Trade Name (D/B/A)

Approved by _____ Date _____ Fee: _____

District Office Date Stamp