

DBPR ABT-6013 – Division of Alcoholic Beverages and Tobacco Application for Distributor’s Salesperson of Wine or Spirits

**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 at (850) 488-8284. Please send your completed application and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-1021

SECTION 1 – APPLICANT INFORMATION					
Full Name of Applicant					
Social Security Number*				Date of Birth	
Race	Sex	Height	Weight	Eye Color	Hair Color
Current Mailing Address					
City		State	Zip Code	Telephone Number	

SECTION 2 – EMPLOYER INFORMATION		
Employer’s Business Name		
Employer’s Beverage License Number		Employer’s Telephone Number
Employer’s Location Address		
City		State Zip Code
Employer’s Mailing Address		
City		State Zip Code

***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 3 – APPLICANT BACKGROUND INFORMATION

Applicant Name _____

<p>1. Have you ever been arrested or issued a notice to appear in any state of the United States or its territories? If yes, list date, location, and type of offense in the spaces below and provide a Certified Copy of the Arrest Disposition. If you are a convicted felon and have had your civil rights restored in Florida, attach a Certified Copy.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>2. Are you an official with State police powers granted by the Florida Legislature? If yes, please provide the details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>3. Do you currently have financial interest in any business selling alcoholic beverages? If yes, list business name, location and license number:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>4. Are you employed full or part-time or receiving any remuneration from any vendor licensed under the beverage laws of the State of Florida? If yes, list business name, location, and details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>5. Have you ever had any type of alcoholic beverage, salesman's, cigarette, or tobacco permit refused, revoked or suspended anywhere? If yes, list business name, location and date:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

