

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**

**DBPR Form
ABT-6013
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 at (850) 488-8284. Please send your completed application and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1021

| SECTION 1 – APPLICANT INFORMATION | | | | | | |
|---|-----|-----------------------|--------|---------------|------------------|--|
| Full Name of Applicant | | | | | | |
| Social Security Number* | | Home Telephone Number | | Date of Birth | | |
| Race | Sex | Height | Weight | Eye Color | Hair Color | |
| Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number: | | | | | | |
| E-Mail Address | | | | | | |
| Current Mailing Address | | | | | | |
| City | | | State | Zip Code | Telephone Number | |

| SECTION 2 – EMPLOYER INFORMATION | | |
|--|--|-----------------------------|
| Employer's Business Name | | |
| Employer's Alcoholic Beverage License Number | | Employer's Telephone Number |
| Employer's Location Address | | |
| City | | State FL |
| 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 been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? If yes, list date, location, and type of offense in the spaces below and provide a Copy of the Arrest Disposition. If you are a convicted felon and have had your civil rights restored in Florida, attach a Copy of your Restoration of Civil Rights.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| | | |
| | | |
| <p>2. Are you an official with State police powers granted by the Florida Legislature? If yes, please provide the details:</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| <p>3. Do you currently have financial interest in any business selling alcoholic beverages? If yes, list business name, location and license number:</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| <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> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| <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> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |

**SECTION 4 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Applicant Name _____

The undersigned individual hereby authorizes the Division of Alcoholic Beverages and Tobacco, to examine and/or copy any and all records including, but not limited to, personal, financial or criminal data relating to the information contained herein, during normal business hours from this date forward.

"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."

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: _____