

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6021
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR PASSENGER VESSEL PERMIT**

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 to:

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

GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS

Please complete all information. All questions are applicable and must be answered fully and truthfully. This application is taken under oath. You must provide an original application with original signatures.

Series PVP (Passenger Vessel Permit): This permit type applies to a passenger vessel which has a cabin-berth capacity for at least 75 passengers, and which is engaged exclusively in foreign commerce, and allows the permittee to sell alcoholic beverages for consumption on board the vessel only:

- (a) During a period not in excess of 24 hours prior to departure while the vessel is moored at a dock or wharf in a port of this state; or
- (b) At any time while the vessel is located in Florida territorial waters and in transit to or from international waters.

Permit Year

The permit year is October 1 through September 30. The full year fee applies to all permits issued between October 1 and March 31. Permit fees are prorated to a half-year for permits issued between April 1 and September 30.

The application must be accompanied by a check in the amount of the permit requested below. Make checks payable to the Division of Alcoholic Beverages & Tobacco.

Contact Person

All communications regarding your application will be sent to the applicant/licensee at the mailing or email address provided. However, if you would like for us to communicate with someone other than the applicant regarding your application, please provide the name and contact information for that person in the "License Information" section. Your named contact person will be permitted to make changes to the application paperwork on your behalf and we will communicate directly with them regarding any application issues or deficiencies, and you will not be copied by the division with the correspondence. Once the application is approved, all subsequent communications will be sent to the mailing address of the licensee.

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.

Directly/Indirectly Interested Person

A direct interest is created by 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 sale of alcoholic beverages;
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 pursuant to a lease;
4. a guarantor on a lease or loan;

5. a co-signer on a lease or loan.

An indirect interest includes, but is not limited to, any person or entity 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.

Note: Direct and indirect interests must be disclosed in the "DISCLOSURE OF INTERESTED PARTIES" section of the application.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Passenger Vessel Permit (PVP)	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR ABT-6021 Division of Alcoholic Beverages and Tobacco Application for Passenger Vessel Permit<input type="checkbox"/> Pay \$1,100 Permit fee (make check payable to the Division of Alcoholic Beverages & Tobacco)<input type="checkbox"/> Pay \$550 Permit fee (if application is submitted after April 1, make check payable to the Division of Alcoholic Beverages & Tobacco)

**DBPR ABT-6021 – Division of Alcoholic Beverages and Tobacco
Application for Passenger Vessel Permit**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION**

**DBPR Form
ABT-6021
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco (AB&T) at (850) 488-8284. Please send your completed application to:

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

SECTION 1 - APPLICANT 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.			
FEIN Number	Business Telephone Number	E-Mail Address (Optional)	
Full Name of Applicant: (This is the name the license will be issued in)			Department of State Document #
Mailing Address (Street or P.O. Box)			
City:		State	Zip Code
Contact Person - This section is optional, see application instructions for details			
Contact Person:		Telephone Number ext.	
E-Mail Address (Optional)			
Mailing Address:			
City:		State	Zip Code

SECTION 2 - PASSENGER VESSEL INFORMATION	
Name of Vessel:	
Name of Florida Port:	
City:	County:
As operator or concessionaire, we certify that this passenger vessel has cabin-berth capacity for [] passengers, and that it is engaged exclusively in foreign commerce.	

ABT Central Office Received / Date Stamp

SECTION 3 - CORPORATE FELONY CONVICTION

Name of Vessel

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.

SECTION 4 - DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your permit.

List below the names of all persons connected, directly or indirectly, in the business for which the permit is sought. Attach extra sheets if necessary.

NAME	POSITION (if corporation or other legal entity)

**SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Name of Vessel _____

"I, the undersigned individual, or if a corporation its authorized representative, hereby acknowledge that by acceptance of a permit, the place of business may be inspected and searched during business hours or at any time business is being conducted on the vessel without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his deputies and police officers for purposes of determining compliance with the beverage law.

I, or we, understand that any permit issued under this application authorizes the sale of alcoholic beverages for consumption on board the vessel only, during a period not in excess of 24 hours prior to departure while the vessel is moored at docks or wharfs in ports of this state; or at any time while the vessel is located in the Florida territorial waters and is in transit to or from international waters.

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 that no other person(s), firm, or corporation, except as indicated herein, has an interest in the alcoholic beverage permit for which these statements are made."

STATE OF _____

COUNTY OF _____

APPLICANT/ AUTHORIZED REPRESENTATIVE NAME

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was () Sworn to and Subscribed 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: _____