

**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 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 to:*

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

| SECTION 1 - APPLICANT INFORMATION   |                                |          |
|---|--------------------------------|----------|
| If the applicant is a corporation or other legal entity, enter the name as registered with the Florida Department of State on the line below. |                                |          |
| Full Name of Applicant: (This is the name the license will be issued in)  | Department of State Document # |          |
| Contact Person:   | Telephone Number<br>ext.       |          |
| E-Mail Address  |                                |          |
| Mailing Address:  |                                |          |
| City:   | State                          | Zip Code |

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

|   |
|---|
| <b>ABT Central Office Received / Date Stamp</b> |
|   |

**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 | OFFICE (if corporation) |
|------|-------------------------|
|      |                         |
|      |                         |
|      |                         |
|      |                         |
|      |                         |
|      |                         |

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

Name of Vessel \_\_\_\_\_

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby agree 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 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: \_\_\_\_\_