

DBPR ABT-6022 – Division of Alcoholic Beverages and Tobacco Application for Mortgagee’s Interest in Spirituous Alcoholic Beverage License

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

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 - CHECK TRANSACTION REQUESTED			
Transaction Type:			
<input type="checkbox"/> Lien Recordings (New Lien)			
<input type="checkbox"/> Lien Assignment/Assumption			
<input type="checkbox"/> Lien Renewal/Extension			

SECTION 2 – DEBTOR(S) INFORMATION			
Full Name of Debtor			
Mailing Address	City	State	Zip Code
Full Name of Debtor (if more than one)			
Mailing Address			

SECTION 3 – SECURED PARTY(S) INFORMATION			
Full Name of Secured Party			
Mailing Address	City	State	Zip Code
Full Name of Secured Party (if more than one)			
Mailing Address	City	State	Zip Code

SECTION 4 – EFFECTIVE DATE OF SECURITY INTEREST
(Month/Day/Year)

SECTION 5 – ALCOHOLIC BEVERAGE LICENSE NUMBER
This section is for reference purposes only. Alcoholic Beverage License must be specifically pledged, by number, as collateral in the Security Agreement.
License Number

**SECTION 6 – SIGNATURE REQUIRED BY DEBTOR AND SECURED PARTY
NOTARIZATION REQUIRED**

Signature(s) of Debtor

Print Name of Person(s) signing as Debtor

STATE OF _____ COUNTY OF _____

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.

Notary Public Commission Expires: _____

Signature of Secured Party

Print Name of Person signing as Secured Party

STATE OF _____ COUNTY OF _____

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.

Notary Public Commission Expires: _____

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Rejected
Reason:

Accepted

Date _____ Initials _____

Date Stamp