

DBPR ABT-6029 – Division of Alcoholic Beverages and Tobacco Application for Extension of Licensed Premises or Amended Sketch of Licensed Premises

**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 or your local district office. Please submit your completed application to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Temporary Extension	<input type="checkbox"/> Amended Sketch
<input type="checkbox"/> Permanent Extension	

SECTION 2 - LICENSE INFORMATION			
Full Name of Applicant			
Trade Name (D/B/A)			
Location Address (Street)			
City	County	State	Zip Code
Beverage License Number	Series	Type	
Contact Person	Business Phone Number	Home/Mobile Phone Number	
<u>FOR TEMPORARY EXTENSIONS ONLY:</u>			
Date(s) of Extension:	_____	_____	_____
	_____	_____	_____

SECTION 3 - ZONING APPROVAL	
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION (This section only applies to a permanent or temporary extension of licensed premises)	
Trade Name (D/B/A)	
Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" <input type="checkbox"/> Yes <input type="checkbox"/> No	
The above extension of the licensed premises as shown in the sketch <input type="checkbox"/> does comply or <input type="checkbox"/> does not comply with zoning requirements for the sale of alcoholic beverages pursuant to this application.	
Signed: _____ Title: _____ Date: _____	

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

Trade Name (D/B/A) _____

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct."

If applying for a temporary extension, check the box to confirm the following statement:

"I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."

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 known
to me OR () who produced _____ as identification.

Commission Expires: _____

Notary Public

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED**

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.

Trade Name (D/B/A)



Receipt Number _____ Date of Receipt _____

Extension Fee _____ Date _____

AB&T Authorized Signature _____ Approved Disapproved