

**DBPR ABT-6035 – Division of Alcoholic Beverages and Tobacco Application for Transfer of
Ownership of an Alcoholic Beverage License**

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

**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 or your local district office. Please submit your completed application and required fee(s) 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	
Trade Name (D/B/A)	
Transaction Type:	
<input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Officers/Stockholders <input type="checkbox"/> Change in Series <input type="checkbox"/> Decrease in Series <input type="checkbox"/> Increase in Series	<input type="checkbox"/> New Retail Tobacco Products Permit Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Series Requested	Type Requested
SECTION 2 - CHECK LICENSE CATEGORY	
<input type="checkbox"/> Retail Alcoholic Beverages <input type="checkbox"/> Beer/Wine/Liquor Wholesaler <input type="checkbox"/> Alcoholic Beverage Importer	<input type="checkbox"/> Alcoholic Beverage Broker Sales Agent <input type="checkbox"/> Alcoholic Beverage Manufacturer

SECTION 3 – LICENSE INFORMATION

If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.

Full Name of Applicant Corporate Document # _____

Trade Name (D/B/A)

FEIN Number or Social Security Number*

Business Telephone Number

() -

Contact Person

Phone Number

() -

Location Address (Street and Number)

City

County

State

FL

Zip Code

Check either:

Location is within the city limits of _____ or Location is in the unincorporated county.

Mailing Address (Street or P.O. Box)

Section / Name (Attention: - *Optional*)

City

State

Zip Code

Current Trade Name (D/B/A)

Current License Number

If this application is for the transfer of this license, is the transfer due to revocation proceedings?

Yes No

If yes, is there any personal relationship to the transferor?

Yes No

If yes, explain the relationship:

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SECTION 4 – PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION

This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.

1.	Trade Name (D/B/A)					
2.	Full Name					
	Social Security Number*			Home Phone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number)					
	City				State	Zip Code
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)				License Number	
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	D/B/A Name			Date		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date			Location		
	Type of Offense					

8.	<p>Have you ever been arrested or issued a notice to appear in any state of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION. Attach additional sheet if necessary.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; padding: 2px 5px;">Date</td> <td style="border: none; width: 50%; padding: 2px 5px;">Location</td> </tr> </table> <p style="border: 1px solid black; padding: 2px;">Type of Offense</p>	Date	Location
Date	Location		
9.	<p>Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:</p>		
NOTARIZATION STATEMENT			
<p>"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 I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in Section 12 of this application. I further swear or affirm that the foregoing information is true and correct."</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p style="text-align: right;">_____ APPLICANT SIGNATURE</p> <p>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.</p> <p style="text-align: right;">_____ Commission Expires: _____</p> <p style="text-align: center;">Notary Public</p>			

(ATTACH ADDITIONAL COPIES AS NECESSARY)

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

Trade Name (D/B/A) _____

- | | | | |
|----|---|-----------------------------|--|
| 1. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved? |
| 2. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is there any access through the premise to any area over which you do not have dominion and control? |
| 3. | Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, 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 plan. No architectural drawings are accepted. | | |

DBPR Authorized Signature _____ Date _____

Approved Disapproved

Comments _____

**SECTION 6 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade Name (D/B/A) _____

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), Florida Statutes (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed _____ Date _____

Title _____

Department of Revenue Stamp:

SECTION 7 – ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION			
Trade Name (D/B/A)			
Street Address			
City	County	State FL	Zip Code
<p>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</p> <p>If this application is for issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A".</p> <p>A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series _____ license.</p> <p>Signed _____ Date _____</p> <p>Title _____</p>			

SECTION 8 – HEALTH TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS OR COUNTY HEALTH AUTHORITY OR DEPARTMENT OF HEALTH OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES			
Trade Name (D/B/A)			
Street Address			
City	County	State FL	Zip Code
<p>The above establishment complies with the requirements of the Florida Sanitary Code.</p> <p>Signed _____ Date _____</p> <p>Title _____ Agency _____</p>			

SECTION 9 – CONTRACTS OR AGREEMENTS

These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a management contract, franchise agreement, or service agreement in connection with this business?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

SECTION 10 – CORPORATE FELONY CONVICTION

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.

(Attach additional sheets if necessary)

**SECTION 11 – SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate "Special Alcoholic Beverage License" box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

- Quota Alcoholic Beverage License Special Alcoholic Beverage License
 Club Alcoholic Beverage License

This license is issued pursuant to _____, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

Please initial and date:

Applicant's Initials _____ Date _____

SECTION 12 – DISCLOSURE OF INTERESTED PARTIES

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

Trade Name (D/B/A)

1. List below the names, titles and percentage of stock held for all officers, directors, stockholders, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary. If the applicant is a limited partnership or limited liability company, attach a list of all limited partners and members.

Title/Position	Name	Stock %
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
Managing Member(s)		
General Partner(s)		

2. Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?
 Yes No
 If yes, you must list the person(s) or entity and indicate which of the below applies.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 14 - AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED**

Trade Name (D/B/A) _____

I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

STATE OF _____ TRANSFEROR OR AUTHORIZED OFFICER SIGNATURE _____

COUNTY OF _____ TRANSFEROR OR AUTHORIZED OFFICER 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.

Notary Public Commission Expires: _____

SECTION 15 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all **current** alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Trade Name (D/B/A)

Last Name	First	M.I.
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Current License Number(s)

Date of Birth ____/____/____	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current License Number(s)

Date of Birth ____/____/____	Social Security Number*
---------------------------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current License Number(s)

Date of Birth ____/____/____	Social Security Number*
---------------------------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current License Number(s)

Date of Birth ____/____/____	Social Security Number*
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Street Address

City	State	Zip Code
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**SECTION 16 - DEPARTMENT OF REVENUE CLEARANCE
COMPLETE THIS SECTION IF APPLYING FOR A TRANSFER OF OWNERSHIP**

Trade Name (D/B/A) _____

The following information is extremely important and should be read in its entirety. Because of restrictions placed on the Department of Revenue in divulging confidential tax information, the business activity of the previous owner cannot be discussed without expressed written consent. Therefore, if this application is for the transfer of an alcoholic beverage license, the following section of this form must be completed before the Department of Revenue can approve your application. If the owner is unwilling to complete this disclosure form, you may request a meeting with a Department of Revenue representative and the owner jointly to discuss any potential liability for which you could be held responsible.

DO NOT RETURN THIS FORM TO AB&T WITH YOUR APPLICATION

**SALES TAX
NOTARIZATION REQUIRED**

This section must be completed by the present owner of this alcoholic beverage license and must accompany your application for sales tax registration.

Purchaser's Name _____

Business Name _____

Sales Tax Number _____

Location Address _____

City _____

State
FL

Zip Code _____

Signature of Owner, Partner or Principal Corporate Officer _____

"I, the undersigned individually, or if a corporation, on its behalf and its officers hereby authorize the Department of Revenue to release to the above purchaser, the Division of Alcoholic Beverages and Tobacco and _____ the status of my account number _____.

Seller's Name _____

STATE OF _____

Signature of Owner, Partner, or Principal Corporate Officer _____

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: _____

Notary Public Stamp:

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Trade Name (D/B/A)

CODE:

City _____ County _____

FEIN NUMBER

TYPE

FEE

TOTAL _____

Approved by _____ Date _____ Audited: _____ Unaudited: _____

District Office Received Date Stamp

District Office Accepted Date Stamp