

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT- 6024  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR WHOLESALE CIGARETTE PERMIT**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation. 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](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

## **GENERAL INSTRUCTIONS**

### **Submitting Your Application**

Applications for Cigarette Wholesale Distributor, Exporter, Importer, Manufacturer, or Cigarette Distributing Agent permits are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions are applicable and must be answered fully and truthfully.

**This permit may not change location. If you desire to change the location, you must apply for a new permit.**

You must provide an original application and copies of all supporting documentation. All signatures must be original. If eligible, a temporary permit may be purchased.

**Note: Applicants for CDA permits may not hold or have an interest in a Florida CWD, EXP, CMFG, or CIMP permit.**

## **APPLICATION REQUIREMENTS and INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

### **Contact Person**

All communications regarding your application will be sent to the applicant at the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled "License Information". If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

### ***Application Requirements***

#### **License Types**

Refer to the "Alcoholic Beverages and Tobacco" page on the Department of Business and Professional Regulation's Internet site for the License Type data chart. This is provided to guide applicants in knowing how each license type is defined in order to clarify which license type suits their needs.

#### **Department of Revenue Clearance**

Department of Revenue clearance is required on applications for all new and correction of information applications which changes the licensee's name. Applications must be submitted within **90 days** of receiving this approval.

#### **Affidavit of Applicant**

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant.

#### **Fingerprints**

Fingerprints must be submitted by each sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations, general partners of general partnerships, general partners of a limited partnership, managing members or managers of a limited liability company, and

persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan Device Vendors List (<http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>). Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you. You will need to enclose a money order (personal checks are not accepted) for the total amount of the cost associated with the fingerprint process, payable to Pearson VUE, with your card. You may contact Pearson VUE at [www.pearsonvue.com](http://www.pearsonvue.com) or by calling 1.877.238.8232. Once you have been fingerprinted and all information is complete, mail the card to Pearson VUE at:

FLDBPR, c/o Pearson VUE, Florida Fingerprinting Program,  
3131 South Vaughn Way, Suite 205, Aurora, CO 80014

At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your fingerprint receipt. The receipt serves as proof that you have met the fingerprint requirement. Failure to provide this receipt will delay the issuance of your temporary or permanent license, and could result in your application being denied. Applications must be submitted within **150 days** of the date fingerprints are taken.

**Note:** If you are a current licensee you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated.

### **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.

### **Surety Bond**

Surety bonds equal to 110% of estimated tax liability for 30 days, but not less than \$2000.00 are required on all new applications for wholesale distributors of cigarettes and other tobacco products, cigarette distributing agents, and exporters. A surety bond or a rider to the original bond must be submitted on any change of business name application by the aforementioned. Contact the division's Auditing Office for further information. You may wish to have Auditing review your surety bond prior to submitting this application.

### **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](http://www.sunbiz.org) for further information. Your application will be considered incomplete without this active registration.

### **Related Party Personal Information**

This section of the application must be completed with original signatures for each applicant or person(s) directly connected with the business, unless they are current licensees. This will include the sole proprietor, all partners,

officers, directors, individual share holders owning more than 1/2 of 1 percent of stock in non-public corporations, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, and persons directly interested and receiving financial proceeds from the business. It is important that each individual disclose any arrests they have had within the past 15 years, even if they were charged, but not formally arrested, and regardless of the disposition.

**Copy of Arrest Disposition**

If the applicant answers “yes” to any of the criminal background questions asked in this application, provide a copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule.

**Direct Interest**

A direct interest is 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 license;
2. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise.

**Federal Employer's Identification Number (FEIN)**

All licensees who pay wages to one or more employees must have a Federal Employer's Identification Number. Contact the Internal Revenue Service (IRS) at 1-800-829-3676 and request Form #SS4.

**Sketch of Premises**

A complete sketch of the premises, drawn in ink or computer generated (letter size) which includes all walls, doors, counters, sales areas, storage areas, etc. **No architectural drawings are accepted.**

**APPLICATION CHECKLIST**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>New Permit as Cigarette Wholesaler (CWD)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary permit (make check payable to the Division of Alcoholic Beverages and Tobacco)</li> <li><input type="checkbox"/> Complete DBPR ABT-6024 Division of Alcoholic Beverages and Tobacco Application for Cigarette Wholesale Dealer, Cigarette Exporter, or Cigarette Distributing Agent</li> <li><input type="checkbox"/> Submit fingerprint receipt, if applicable</li> <li><input type="checkbox"/> Copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> <li><input type="checkbox"/> All new applicants complete DBPR ABT-6032 Division of Alcoholic Beverages and Tobacco Surety Bond Application for an amount equal to 110% of estimated tax liability for 30 days, but not less than \$2000.00</li> <li><input type="checkbox"/> Right of Occupancy</li> <li><input type="checkbox"/> Submit letter from cigarette taxing authority (If the business is located in another state)</li> </ul>

<p><b>New Permit as Cigarette Exporter (EXP)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary permit (make check payable to the Division of Alcoholic Beverages and Tobacco)</li> <li><input type="checkbox"/> Complete DBPR ABT-6024 Division of Alcoholic Beverages and Tobacco Application for Cigarette Wholesale Dealer, Cigarette Exporter, or Cigarette Distributing Agent</li> <li><input type="checkbox"/> Copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> <li><input type="checkbox"/> All new applicants complete DBPR ABT-6032 Division of Alcoholic Beverages and Tobacco Surety Bond Application for an amount equal to 110% of estimated tax liability for 30 days, but not less than \$2000.00</li> <li><input type="checkbox"/> Right of Occupancy</li> <li><input type="checkbox"/> Submit letter from cigarette taxing authority (If the business is located in another state)</li> </ul>
<p><b>New Permit as Cigarette Distributing Agent (CDA)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary permit (make check payable to the Division of Alcoholic Beverages and Tobacco)</li> <li><input type="checkbox"/> Complete DBPR ABT-6024 Division of Alcoholic Beverages and Tobacco Application for Cigarette Wholesale Dealer, Cigarette Exporter, or Cigarette Distributing Agent</li> <li><input type="checkbox"/> Submit fingerprint receipt, if applicable</li> <li><input type="checkbox"/> Copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> <li><input type="checkbox"/> All new applicants complete DBPR ABT-6032 Division of Alcoholic Beverages and Tobacco Surety Bond Application for an amount equal to 110% of estimated tax liability for 30 days, but not less than \$2000.00</li> <li><input type="checkbox"/> Right of Occupancy</li> <li><input type="checkbox"/> Submit letter from cigarette taxing authority (If the business is located in another state)</li> </ul>
<p><b>Initial Permit as Cigarette Importer (CIMP)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary permit (make check payable to the Division of Alcoholic Beverages and Tobacco)</li> <li><input type="checkbox"/> Complete DBPR ABT-6024 Division of Alcoholic Beverages and Tobacco Application for Wholesale Cigarette Wholesale Dealer, Cigarette Exporter, or Cigarette Distributing Agent</li> <li><input type="checkbox"/> Submit fingerprint receipt, if applicable</li> <li><input type="checkbox"/> Copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> <li><input type="checkbox"/> Right of Occupancy</li> <li><input type="checkbox"/> Submit a copy of Federal permit to import cigarettes</li> </ul>
<p><b>New Permit as Cigarette Manufacturer (CMFG)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee if requesting an initial temporary permit (make check payable to the Division of Alcoholic Beverages and Tobacco)</li> <li><input type="checkbox"/> Complete DBPR ABT-6024 Division of Alcoholic Beverages and Tobacco Application for Cigarette Wholesale Dealer, Cigarette Exporter, or Cigarette Distributing Agent</li> <li><input type="checkbox"/> Submit fingerprint receipt, if applicable</li> <li><input type="checkbox"/> Copy of the Arrest Disposition, if applicable</li> <li><input type="checkbox"/> Mitigation for Moral Character, if applicable</li> <li><input type="checkbox"/> Right of Occupancy</li> <li><input type="checkbox"/> Submit a copy of Federal permit to manufacture cigarettes</li> </ul>

**DBPR ABT-6024 – Division of Alcoholic Beverages and Tobacco Application for Wholesale Cigarette Permit**

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

**DBPR Form  
ABT-6024  
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. 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](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

SECTION 1 - CHECK TRANSACTION REQUESTED			
<b>Transaction Type:</b>			
<input type="checkbox"/> New License <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change to Related Parties <input type="checkbox"/> Change to Legal Entity <input type="checkbox"/> Correction	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2 - CHECK LICENSE CATEGORY			
<input type="checkbox"/> Cigarette Wholesale Dealer (CWD)	<input type="checkbox"/> Cigarette Distributing Agent (CDA)		
<input type="checkbox"/> Cigarette Exporter (EXP)	<input type="checkbox"/> Cigarette Manufacturer (CMFG)		
<input type="checkbox"/> Cigarette Importer (CIMP)			
Please indicate whether the business is located inside or outside of Florida:			
<input type="checkbox"/> Florida Location		<input type="checkbox"/> Out of State Location	
SECTION 3 – LICENSE 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 #	
Business Name (D/B/A)			
FEIN Number		Business Telephone Number	
Location Address (Street and Number)			
City	County	State	Zip Code
Contact Person		Telephone Number	
E-Mail Address			
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

**ABT District Office Received / Date Stamp**

**SECTION 4 – RELATED PARTY PERSONAL INFORMATION**

**This section must be completed for each person directly connected with the business, unless they are a current licensee.**

1.	Business Name (D/B/A)					
2.	Full Name of Individual					
	Social Security Number*			Home Telephone 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.					
	Business Name (D/B/A)			License Number		
	Location Address					
6.	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Business Name (D/B/A)			
	Location Address					
7.	Have you been convicted of a <b>felony</b> within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

8.	Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a <b>Copy of the Arrest Disposition .</b> <b>Attach additional sheet if necessary.</b>	
	Date	Location
	Type of Offense	
<b>NOTARIZATION STATEMENT</b>		
"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 the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."		
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 (print name of person making statement) known to me OR ( ) who produced _____ as identification.		
_____		Commission Expires: _____
Notary Public		

(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**

Business Name (D/B/A)

Street Address

City

County

State

Zip Code

- |    |  |                             |   |
|----|--|-----------------------------|---|
| 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 premises 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. |                             |   |

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

Business 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 – DISCLOSURE OF INTERESTED PARTIES**

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

Business Name (D/B/A)

1. When applicable, please complete the appropriate section below. Attach extra sheets if necessary.

<b>Title/Position</b>	<b>Name</b>	<b>Stock %</b>
<b><u>CORPORATION (CORP/INC)</u></b>		
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
<b><u>LIMITED LIABILITY COMPANY (LLC/LC)</u></b>		
Managing Member(s) and/or Managers		
Members (must be printed if there are no managing members or managers)		
<b><u>LIMITED PARTNERSHIPS (LTD/LP/LTDLLP)</u></b>		
General Partner(s)		
Limited 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.

<b>Name</b>	<b>Guarantor</b>	<b>Co-signer</b>	<b>Lender</b>	<b>Interest Rate (List)</b>
	<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 8 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A) \_\_\_\_\_

"I, the undersigned individually, or if a registered legal entity for itself and its related parties, 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 or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, 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 retail tobacco 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 that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

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: \_\_\_\_\_

**SECTION 9 - 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.

Business Name (D/B/A)

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

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

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

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

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

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

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

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

Street Address

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

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

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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