

**FORM DBPR ABT – 6017
APPLICATION FOR OFF-PREMISES STORAGE PERMIT**

FORM DBPR ABT – 6017 IS REQUIRED TO:

- Apply for an off-premises storage permit.

FORM DBPR ABT – 6017 CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
<p>OFF-PREMISES STORAGE PERMIT</p>	<p><input type="checkbox"/> APPLICATION FORM DBPR ABT – 6017</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT – 6017 Application <input type="checkbox"/> Attach and submit proof of right of occupancy to the premises to be permitted (i.e., lease or deed)

GENERAL INSTRUCTIONS

TO PREPARE FORM DBPR ABT – 6017:

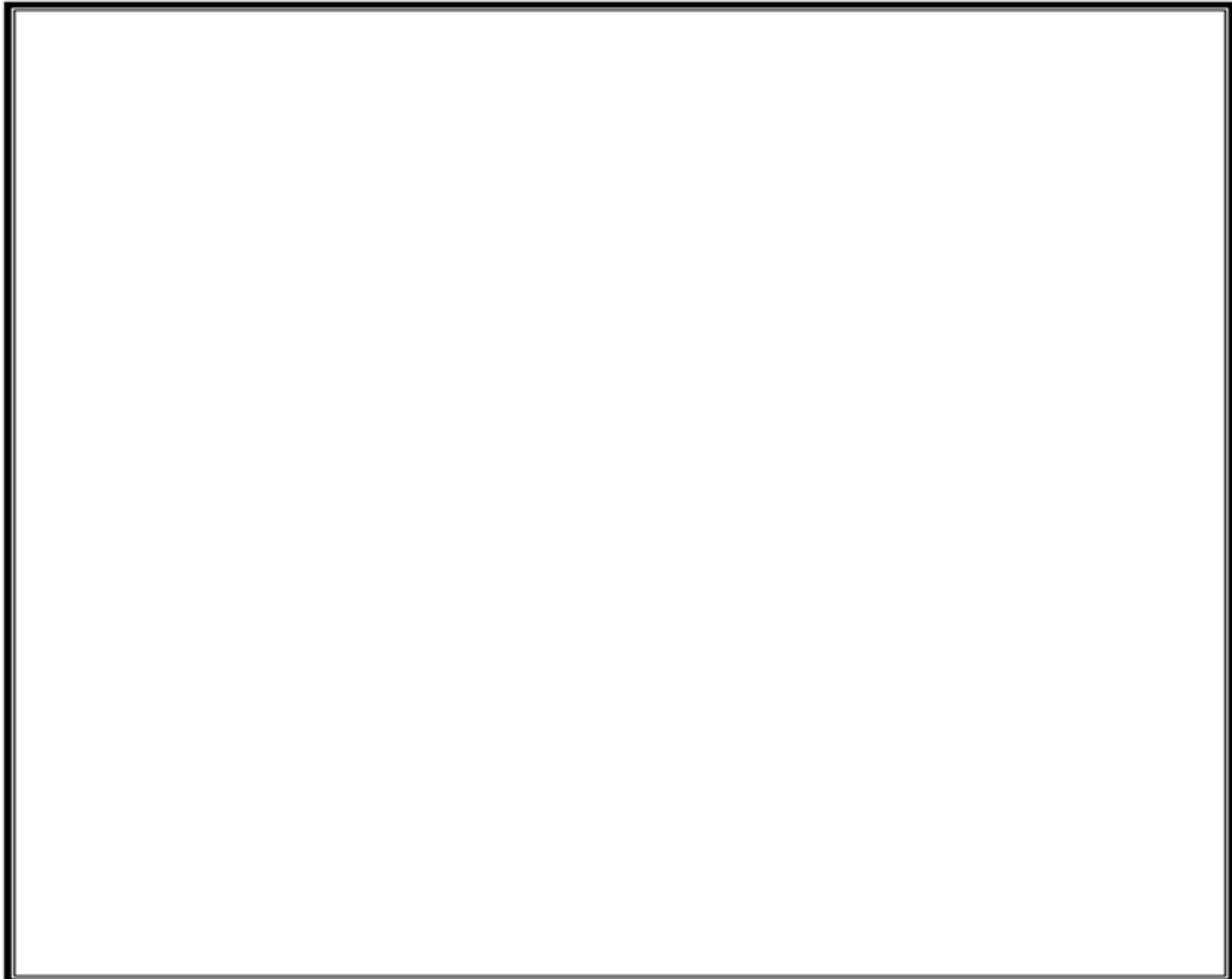
All fields must be completed. If a question on the form is not applicable, insert "N/A." Incomplete applications will be disapproved. The form must be signed by the applicant prior to filing the application with the Division.

TO SUBMIT FORM DBPR ABT – 6017:

The completed, original application must be submitted, by mail or hand delivery, to a Division District Office serving the location of the premises seeking an off-premises storage permit. District Office contact information is available at:
<http://www.myfloridalicense.com/DBPR/alcoholic-beverages-and-tobacco/>.

SECTION 1 - APPLICANT INFORMATION			
Business Name (D/B/A)			
Full Name of Current Licensee			
Location Address			
City	County	State FL	Zip Code
Beverage License Number	Series	Type	
Location Address of Proposed Off-Premises Storage (must differ from licensed premises address)			
City	County	State FL	Zip Code

SECTION 2 – SKETCH OF STORAGE PREMISES
Neatly draw a floor plan of the premises in ink, including: walls, doors, storage areas, restrooms, and any other specific areas which are part of the premises to be permitted. A multi-story building where the entire building is to be licensed must show the details of each floor.



**SECTION 3 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Full Name of Applicant(s)

"I, the undersigned individual, or if a registered legal entity for itself and its related parties, hereby swear or affirm that the accompanying sketch is a true and correct representation of the storage premises to be permitted.

I agree, by acceptance of the off-premises storage permit, that the storage premises, if approved, may be inspected and searched during business hours or at any time the premises is occupied without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, the sheriff's deputies, and police officers. I further agree that in the event said premises are altered or any additions are made thereto, such alterations or added portions to the said premises may be inspected and searched in the same manner as is agreed to in the case of the original permitted premises.

I further agree that the accompanying sketch and proof of right of occupancy will become and is part of the application for an off-premises storage permit."

Signature of Applicant/Affiant

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____,

by _____ (print affiant name).

(_____) Personally Known

(_____) Produced Identification

Type of Identification Produced _____

Signature of Notary Public – State of Florida

Name of Notary Public – Typed, Printed, or Stamped

(NOTARY SEAL)

Commission Expires: _____

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE: