

**DBPR ABT-6008 – Division of Alcoholic Beverages and Tobacco  
Application for Importer or Broker Sales Agent License**

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

**DBPR Form  
ABT-6008  
Revised 02/2013**

*If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) 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 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 LICENSE CATEGORY			
<input type="checkbox"/> Importer			
<input type="checkbox"/> Broker Sales Agent			
SECTION 2 - CHECK TRANSACTION REQUESTED			
<b>Transaction Type:</b>			
<input type="checkbox"/> Initial Permanent License	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Transfer of Ownership			
<input type="checkbox"/> Correction			
<b>Complete this section only if this application is for the transfer of an existing license</b>			
Current Business Name:		Current License Number	
Is this transfer due to revocation proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is there any personal relationship to the transferor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the relationship:			
SECTION 3 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.			
FEIN Number	Business Telephone Number	E-Mail Address (Optional)	
Full Name of Applicant(s): (This is the name the license will be issued in)			Department of State Document #
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Does the applicant entity currently hold any other alcoholic beverage license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information:			
License Number	Series	Type/Class	
Business Name			
Contact Person - This section is optional, see application instructions for details			
Contact Person		Telephone Number ext.	
E-Mail Address			
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

**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 had any type of <b>alcoholic beverage</b> , 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.					
	Business Name (D/B/A)				Date	
	Location Address					
7.	Have you been convicted of a <b>felony</b> within the past 15 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 convicted of an offense involving <b>alcoholic beverages or tobacco products</b> anywhere 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					

9.	Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 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	
10.	Do you meet the standards of the moral character rule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED  
TO BE COMPLETED BY THE APPLICANT**

Business 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 premises to any area over which you do not have dominion and control?

If applicable, 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 the details of each floor.

**SECTION 6 – DISCLOSURE OF INTERESTED PARTIES**

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. **To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.**

Business Name (D/B/A)

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

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		
GENERAL PARTNERSHIP – List all general partners		
LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
LIMITED PARTNERSHIP – List all general and limited partners.		
LIMITED LIABILITY PARTNERSHIP – List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

**OTHER INTERESTS**

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.**

**SECTION 7 – APPLICANT ENTITY FELONY CONVICTION**

Business Name (D/B/A)

Has the applicant entity 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 entity was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

**SECTION 8 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A)

"I, the undersigned individually, or on behalf of a legal entity, 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 entire area and 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 in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct and that no other person or entity except as indicated herein has an interest in the business and that all of the above listed persons or entities meet the necessary qualifications to be licensed as an Importer, Broker, or Sales Agent."

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 - AFFIDAVIT OF TRANSFEROR  
NOTARIZATION REQUIRED**

Business 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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
TRANSFEROR OR AUTHORIZED SIGNATURE

\_\_\_\_\_  
TRANSFEROR OR AUTHORIZED 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: \_\_\_\_\_

**ABT District Office Received Date Stamp**

**SECTION 10- 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
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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.
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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.
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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.
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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
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