

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6019
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR MALT FL/FLORIDA IMPRINTING EXEMPTION**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation at (850) 488-8284. Please send your completed application and required fee(s) to:

**Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1021**

**DBPR Form
ABT-6019
Revised 09/2010**

GENERAL INSTRUCTIONS

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.

General Requirements for Malt FL/Florida Imprinting Exemption

- a. The manufacturer of malt beverages may file a request for exemption from the "FL/Florida" imprinting if the manufacturer can establish that the manufacturer has a tracking system, by use of code or other method, in place which enables the manufacturer to identify with 90% reliability the following:
 - The place where the individual containers of malt beverages were produced,
 - The state in which the individual containers of malt beverages were shipped, and
 - The individual distributors within the state which received the individual containers of malt beverage.
- b. Prior to registering the malt beverage, an application for exemption from the "FL/Florida" imprinting requirements must be submitted and approved.
- c. Prior to shipping individual containers of malt beverages into the state, which do not have the "FL/Florida" imprint, an exemption approval by the Division of Alcoholic Beverages and Tobacco must be received.

Application Instructions (by section)

- d. **Section 1**
 - i. Only manufacturers may apply for "FL/Florida" imprinting exemption for malt beverages in accordance with section 563.06, Florida Statutes.
 - ii. License # may be your Florida licensed manufacturer license number. If you are an out of state manufacturer and are also a registrant, provide the registrant number in the "License #" field. If you are an out of state manufacturer with no Florida license, but have been issued a number for tax report submission, provide that number in the "License #" field.
 - iii. For the Contact fields, this is the person who the Department would contact for application-related issues. It could be an officer, partner, owner, an employee of the company, etc.
- e. **Section 2**
 - i. Complete this section in its entirety.
 - ii. You may also attach a separate document with all of the required explanations/statements with this application rather than completing Section 2.
- f. **Section 3**
 - i. Applicant must sign the Oath/Affirmation statement.

Other Information

- g. Applications typically will be reviewed within 7 to 10 working days.
- h. An incomplete application will result in a letter sent to the address indicated in Section 1.
- i. The manufacturer will receive a letter indicating approval for the "FL/Florida" imprinting exemption.

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

| APPLICATION | APPLICATION REQUIREMENTS |
|---------------------------------|---|
| Brand/Label Registration | <ul style="list-style-type: none"><input type="checkbox"/> Complete this entire application.<input type="checkbox"/> Submit a document containing all the information requested in Section 2, if applicable. |

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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 - MANUFACTURER INFORMATION | | | |
|---|--|----------------|-------------------------|
| This application is for the purpose of applying for an initial FL/Florida imprinting Exemption. | | | |
| If you are a Florida licensed manufacturer provide your license number. If you are an out of state manufacturer and are also a registrant, enter your registrant number in the "License #" field. If you are an out of state manufacturer with no Florida license, but have been issued a number for tax report submission, enter that number in the "License #" field. | | | |
| Manufacturer Name | | License # | |
| In accordance with section 563.06(5), Florida Statutes, only a manufacturer may apply for "FL/Florida" imprinting exemption for malt beverages. | | | |
| BUSINESS MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | | State | Zip Code (+ 4 optional) |
| County (if Florida address) | | Country | |
| Contact Name | | | |
| Telephone Number - - | | E-Mail Address | |

| SECTION 2 - TRACKING SYSTEM INFORMATION |
|---|
| Please describe the tracking system, by use of code or otherwise, that enables the identification of the following: 1) the place of production, 2) the state to which the product was shipped, and 3) the distributor within the state who received it. |
| Note – You may attach a document to your application with this information rather than writing the description below. |
| Description: |
| |
| |
| |
| |

SECTION 3 – TRACKING SYSTEM INFORMATION - continued

Please state the degree of accuracy of the tracking system and explain how the degree of accuracy was determined.

Note – You may attach a document stating the degree of accuracy of the tracking system and explaining how the degree of accuracy was determined with your application rather than writing the explanation below.

Degree of accuracy of tracking system: (must be at least 90%)

Explanation:

Do you agree that the division can obtain applicable information concerning malt beverage shipments and the proper coding within 10 days of an official request? Yes No

Note – If you choose to submit a document containing all of the information requested in Section II with your application, then you must include a statement of agreement that the division can obtain applicable information concerning malt beverage shipments and the proper coding within 10 days of an official request.

SECTION 4 – OATH/AFFIRMATION

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by section 559.79, F.S. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct. **I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name: