

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

**DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
FORM DBPR ABT-6081, CONVENIENCE BUSINESS REQUEST / APPROVAL**

In accordance with the Convenience Business Security Act (sections 812.1701-812.175, Fla. Stat.), and Rule Chapter 61A-8, Florida Administrative Code, convenience businesses may use this form to request (1) initial approval or biennial reapproval of a robbery deterrence and safety training curriculum; (2) an exemption from the requirement to have a silent alarm at the convenience business; and/or (3) a Notice of Exemption from the requirement to have enhanced security on the licensed premises. A separate form and fee must be submitted for each convenience business location.

If you have any questions or require assistance in completing this form, please contact the Division of Alcoholic Beverages and Tobacco (AB&T) at [cstore@myfloridalicense.com](mailto:cstore@myfloridalicense.com).

<u>DATE</u>		<u>LICENSE #</u>	
<u>BUSINESS NAME</u>		<u>CONTACT PERSON</u>	
<u>LICENSEE NAME</u>		<u>CONTACT PHONE NUMBER</u>	
<u>LOCATION ADDRESS</u>		<u>CONTACT E-MAIL</u>	

<b>CONVENIENCE BUSINESS REQUEST</b>		
	<u>INITIAL APPROVAL</u>	<u>BIENNIAL REAPPROVAL</u>
I am submitting a robbery deterrence and safety training curriculum for initial approval or biennial reapproval in accordance with Rule 61A-8.002, F.A.C., and I have provided supporting documentation and the \$100 administrative fee.	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPLY FOR EXEMPTION</b>		
I am requesting an exemption from the requirement to have a silent alarm on the licensed premises in accordance with Rule 61A-8.001, F.A.C., and I have provided supporting documentation and the \$25 administrative fee.	<input type="checkbox"/>	
<b>NOTICE OF EXEMPTION</b>		
I am filing a Notice of Exemption from the requirement to have enhanced security measures on the licensed premises in accordance with Rule 61A-8.001, F.A.C., and I have provided supporting documentation.	<input type="checkbox"/>	

<b>ATTESTATION OF CONVENIENCE BUSINESS</b>		
I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, and/or criminal liability.		
<input type="checkbox"/> <u>CHECK TO AGREE</u>	<u>SIGNATURE:</u>	<u>DATE:</u>
	<u>PRINT NAME:</u>	

*This form and associated attachments can be submitted to the Department at [cstore@myfloridalicense.com](mailto:cstore@myfloridalicense.com). The Department will send all responses and approvals to the licensee at the licensee's contact email address listed above.*