

**FORM DBPR ABT – 6028 APPLICATION FOR
RETAIL TOBACCO PRODUCTS DEALER PERMIT
OR RETAIL NICOTINE PRODUCTS DEALER PERMIT**

GENERAL INSTRUCTIONS

COMPLETE THE FORM:

- Complete all fields or insert "N/A" if a question on the form is not applicable.
- Copies of any required supporting document are acceptable.

RETURN COMPLETED FORM TO LOCAL LICENSING DISTRICT OFFICE:

- Find your local licensing district office's contact information on our website:
<http://www.myfloridalicense.com/DBPR/alcoholic-beverages-and-tobacco/contact/>
- Return completed forms by e-mail, mail, or hand delivery to your local licensing district office.

APPLICATION PROCESSING:

- Once submitted, your application cannot be returned to you.
- You will be notified in writing if your application has any errors or omissions and you will be given the opportunity to submit the corrected or required document.

ADDITIONAL INSTRUCTIONS

<p>Section 1: 1A Applicant Information</p> <p>1B Optional Designated Contact</p>	<p>Permit Issued to Applicant Each permit for which the applicant applies is issued in the name of the applicant as provided in this section of the application. The business name used by the applicant to conduct business and contact information for the applicant must also be provided in this section.</p> <p>Registration of Legal Entity Applicants Required All corporations, domestic or foreign, general partnerships, limited liability companies, and limited partnership applicants must be registered with the Florida Department of State, Division of Corporations. The application will be considered incomplete without this active registration or without the document number related to the legal entity as registered with the Florida Department of State Division of Corporations. For further information, contact the Department of State at www.sunbiz.org.</p> <p>Optional Designated Contact A contact person must be designated if the applicant prefers for another person to receive and reply to Division communications regarding this application. The designated contact person will be permitted to make changes to the application paperwork on behalf of the applicant. The applicant will not be copied on communications from the Division to the designated contact.</p>
<p>Section 2: 2A Permit Information</p> <p>2B - 2D Additional Permit Information</p>	<p>Identify Permit Type Requested A retail tobacco products dealer permit allows the sale of both tobacco and nicotine products. A nicotine products dealer permit does not allow the sale of tobacco products.</p> <p>Location Information A permit is required for each place of business where cigarettes, tobacco products, cigars, nicotine products, or nicotine dispensing devices are sold at retail. Applicants may apply for multiple permits in sections 2B through 2D.</p> <p>Method(s) of Sale The applicant must check the boxes identifying all methods of sale at the permit location. If sales are conducted on the internet, the web site address must also be provided. If sales are conducted in a mobile vehicle, the vehicle identification number (VIN) must also be provided.</p> <p>Additional Permits An applicant with multiple places of business or premises may request a permit for each location by completing sections 2B through 2D and attaching additional sheets if needed.</p>

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<p>Section 3: Disclosure of Related Parties</p>	<p>Disclosure of Related Parties Applicants must provide the name, title, and ownership percentage of the following individuals: the permit applicant (if a sole proprietorship), all officers of the applicant, and all persons owning directly or indirectly, in the aggregate, more than ten percent (10%) of the ownership interests in the applicant. The title of the individual must describe the individual's position in relation to the permit applicant. The percentage of ownership listed must accurately describe the individual's ownership of the permit applicant.</p>
<p>Section 4: 4A Related Party Personal Information</p> <p>4B Affidavit of Related Party</p>	<p>Related Party Personal Information Section 4A and 4B of the application must be completed by each individual disclosed in section 3. Each related party must disclose any convictions, unlawful acts or previously revoked permits related to the sale of tobacco or nicotine products. Additional pages should be attached, if needed, to disclose the requested information.</p> <p>Copy of Arrest Disposition(s) of Related Parties Any related party who answers "yes" to questions 1-7 in section 4A must provide a copy of the arrest disposition with the application.</p> <p>Social Security Number Section 4A requires the disclosure of the social security number for each related party. Disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, sections 653, 654, and 666; 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 to improve the effectiveness of child support enforcement. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act.</p> <p>Affidavit of Related Party Each related party who completes the related party personal information sheet in section 4A must read and sign the Affidavit of Related Party in section 4B. Notarization of the related party's signature is required. The application will be deemed incomplete if both sections 4A and 4B are not completed by each related party and filed with the application.</p>
<p>Section 5: Current Permitholder Information Update</p>	<p>New Contact Information Current Permitholders may complete section 5 to provide a new e-mail or mailing address to the Division and should attach additional sheets for other permits if needed.</p> <p>New Related Party Information Current Permitholders may complete sections 3, 4 and 5 to disclose new related parties on an existing permit. Sections 4A and 4B must be completed by each newly disclosed individual and notarized or the application will be deemed incomplete. Additional sheets should be attached if needed.</p>
<p>Section 6: Affidavit of Applicant</p>	<p>Affidavit of Applicant The affidavit of applicant must be read and signed by the individual applicant, a partner of a general partnership, a general partner of a limited partnership, a managing member, manager, or officer of a limited liability company, a managing member, manager, or officer of a limited liability partnership, or an officer of a corporate applicant. Notarization of the applicant's signature is required.</p>

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SECTION 2B: ADDITIONAL PERMIT INFORMATION			
Permit Type:		<input type="checkbox"/> Retail Tobacco Products Dealer (Tobacco and Nicotine Products)	<input type="checkbox"/> Retail Nicotine Products Dealer (Nicotine Products ONLY)
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Is there an alcoholic beverage license issued at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list alcoholic beverage license number:			
Check All Method(s) of Sale			
<input type="checkbox"/> Over the Counter	<input type="checkbox"/> Vending Machine	<input type="checkbox"/> Smoking Pipes/Devices <small>(only Retail Tobacco Products Dealer)</small>	
<input type="checkbox"/> Internet	If checked, provide website:		
<input type="checkbox"/> Mobile	If checked, provide VIN #:		

SECTION 2C: ADDITIONAL PERMIT INFORMATION			
Permit Type:		<input type="checkbox"/> Retail Tobacco Products Dealer (Tobacco and Nicotine Products)	<input type="checkbox"/> Retail Nicotine Products Dealer (Nicotine Products ONLY)
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Is there an alcoholic beverage license issued at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list alcoholic beverage license number:			
Check All Method(s) of Sale			
<input type="checkbox"/> Over the Counter	<input type="checkbox"/> Vending Machine	<input type="checkbox"/> Smoking Pipes/Devices <small>(only Retail Tobacco Products Dealer)</small>	
<input type="checkbox"/> Internet	If checked, provide website:		
<input type="checkbox"/> Mobile	If checked, provide VIN #:		

SECTION 2D: ADDITIONAL PERMIT INFORMATION			
Permit Type:		<input type="checkbox"/> Retail Tobacco Products Dealer (Tobacco and Nicotine Products)	<input type="checkbox"/> Retail Nicotine Products Dealer (Nicotine Products ONLY)
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Is there an alcoholic beverage license issued at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list alcoholic beverage license number:			
Check All Method(s) of Sale			
<input type="checkbox"/> Over the Counter	<input type="checkbox"/> Vending Machine	<input type="checkbox"/> Smoking Pipes/Devices <small>(only Retail Tobacco Products Dealer)</small>	
<input type="checkbox"/> Internet	If checked, provide website:		
<input type="checkbox"/> Mobile	If checked, provide VIN #:		

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SECTION 4A – RELATED PARTY PERSONAL INFORMATION <small>Sections 4A and 4B must be completed by all individuals disclosed in section 3 of this application. Social Security Number is required, see instructions for more details. Attach additional sheets if needed.</small>					
Full Name of Applicant					
Full Name of Related Party					
Social Security Number			Home Telephone Number		Date of Birth
Race	Sex	Height	Weight	Eye Color	Hair Color
Related Party Home Address (Street, City, State, Zip)					
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, immigration card number or passport number:					
Prior Record of Permit Revocation					
1	Have you ever previously owned, held a ten percent (10%) or greater interest in, or been an officer of an entity that held the same permit for which you are applying and had that permit revoked in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the business information below and attach additional sheets if needed.				
Business Name (D/B/A)			Permit Number		
Location Address (Street, City, State, Zip Code)					
2	In the last two years, have you owned, held a ten percent (10%) or greater interest in, or been an officer of an entity that held a permit related to the sale of cigarettes, tobacco or nicotine products and had that permit revoked in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the business information below and attach additional sheets if needed.				
Business Name (D/B/A)			Permit Number		
Location Address (Street, City, State, Zip Code)					
Prior Offense Record					
3	Have you been adjudicated as owing \$500 or more in delinquent cigarette taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the arrest disposition.				
4	Have you been convicted of selling stolen or counterfeit cigarettes, receiving stolen cigarettes, or being involved in the counterfeiting of cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the arrest disposition.				
5	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state or convicted in this state, any other state, or the United States during the past 5 years of any offense designated as a felony by such state or the United States, or to a corporation, any of whose officers have been so convicted? The term “convicted” shall include an adjudication of guilt on a plea of guilty or a plea of nolo contendere, or the forfeiture of a bond when charged with a crime. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the arrest disposition.				
6	Have you imported, or caused to be imported, into the United States any cigarette in violation of 19 U.S.C. s. 1681a? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach details of the incident and a copy of any arrest disposition.				
7	Have you imported, or caused to be imported, into the United States, or manufactured for sale or distribution in the United States, any cigarette that does not fully comply with the Federal Cigarette Labeling and Advertising Act (15 U.S.C. ss. 1331 et seq.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach details of the incident and a copy of any arrest disposition.				

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SECTION 4B – AFFIDAVIT OF RELATED PARTY	
Sections 4A and 4B must be completed by all individuals disclosed in Section 3. Section 4B must be notarized.	
<p>"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 information required in section 4A of this application. I further swear or affirm that the foregoing information is true and correct."</p>	
STATE OF _____ COUNTY OF _____	_____ Signature of Applicant/Affiant
Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____,	
by _____ (print affiant name).	
<input type="checkbox"/> Personally Known <input type="checkbox"/> 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: _____

SECTION 5: CURRENT PERMITHOLDER INFORMATION UPDATE			
ONLY Current Permitholders complete this section to update information given to the Division. Attach pages as needed.			
Select Update Type:			
<input type="checkbox"/> New Related Parties – Complete sections 3-5 of this application. Sections 4A and 4B should be completed by each newly disclosed related party.			
<input type="checkbox"/> New Contact Information – Complete section 5 of this application.			
Permit Number: _____			
New Mailing Address: _____			
City: _____	County: _____	State: FL	Zip Code: _____
New Telephone Number: _____		New E-mail Address: _____	

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SECTION 6 - AFFIDAVIT OF APPLICANT

Notarization Required

Full Name of Applicant:

"I, the undersigned individually or, if a registered legal entity, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application. As a condition of the permit, I agree that the place or premises covered by the permit is subject to inspection and search without a search warrant by the Division of Alcoholic Beverages and Tobacco, or its authorized assistants, and by Sheriffs, Deputy Sheriffs, or Police Officers for the purposes of determining compliance with chapters 210 and 569, Florida Statutes.

Pursuant to section 210.09, Florida Statutes, I understand retail tobacco products dealers shall maintain and keep for a period of three (3) years at the place of business where any transaction takes place, such records of cigarettes received, sold, or delivered within the state. I agree that the Division or its duly authorized representative is authorized to examine the books, papers, invoices, and other records, the stock of cigarettes in and upon any premises where the same are placed, stored, and sold, and the equipment of any such manufacturers, importers, distributing agents, wholesale dealers, agents, or retail dealers, pertaining to the sale and delivery of cigarettes taxable under chapter 210, Florida Statutes. In order to verify the accuracy of the tax imposed and assessed, I agree to give to the Division or its duly authorized representatives the means, facilities, and opportunity for such examinations pursuant to chapter 210, Florida Statutes.

I agree to abide by and obey all rules and regulations of the Division of Alcoholic Beverages and Tobacco and the laws of the state of Florida. I swear under oath or affirmation and under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true, that no other person or entity except as indicated herein will have an interest in the permit, and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the permit."

STATE OF _____

Signature of Applicant/Affiant

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____, 20 _____,

by _____ (print affiant name).

- Personally Known
- Produced Identification

Signature of Notary Public – State of Florida

Type of Identification Produced

Name of Notary Public – Typed, Printed, or Stamped

(NOTARY SEAL)

Commission Expires: _____