



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

| SECTION 2B: ADDITIONAL PERMIT INFORMATION                                                                                |                                          |                                                                                            |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Permit Type:                                                                                                             |                                          | <input type="checkbox"/> Retail Tobacco Products Dealer<br>(Tobacco and Nicotine Products) | <input type="checkbox"/> Retail Nicotine Products Dealer<br>(Nicotine Products ONLY) |
| Business Name (D/B/A)                                                                                                    |                                          |                                                                                            |                                                                                      |
| Location Address (Street and Number)                                                                                     |                                          |                                                                                            |                                                                                      |
| City                                                                                                                     | County                                   | State<br><b>FL</b>                                                                         | 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<br>(only Retail Tobacco Products Dealer)    |                                                                                      |
| <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<br>(Tobacco and Nicotine Products) | <input type="checkbox"/> Retail Nicotine Products Dealer<br>(Nicotine Products ONLY) |
| Business Name (D/B/A)                                                                                                    |                                          |                                                                                            |                                                                                      |
| Location Address (Street and Number)                                                                                     |                                          |                                                                                            |                                                                                      |
| City                                                                                                                     | County                                   | State<br><b>FL</b>                                                                         | 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<br>(only Retail Tobacco Products Dealer)    |                                                                                      |
| <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<br>(Tobacco and Nicotine Products) | <input type="checkbox"/> Retail Nicotine Products Dealer<br>(Nicotine Products ONLY) |
| Business Name (D/B/A)                                                                                                    |                                          |                                                                                            |                                                                                      |
| Location Address (Street and Number)                                                                                     |                                          |                                                                                            |                                                                                      |
| City                                                                                                                     | County                                   | State<br><b>FL</b>                                                                         | 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<br>(only Retail Tobacco Products Dealer)    |                                                                                      |
| <input type="checkbox"/> Internet                                                                                        | If checked, provide website:             |                                                                                            |                                                                                      |
| <input type="checkbox"/> Mobile                                                                                          | If checked, provide VIN #:               |                                                                                            |                                                                                      |



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| <b>SECTION 4A – RELATED PARTY PERSONAL INFORMATION</b><br><small>Sections 4A and 4B must be completed by all individuals disclosed in section 3 of this application.<br/> 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?<br><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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, attach details of the incident and a copy of any arrest disposition.                                                                                                                                                                                                                      |        |                       |           |               |

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| <b>SECTION 4B – AFFIDAVIT OF RELATED PARTY</b>                                                                                                                                                                                                                                                                              |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 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 _____<br><br>COUNTY OF _____                                                                                                                                                                                                                                                                                       | _____<br>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,<br>this _____ day of _____, 20____,                                                                                                                                 |                                                             |
| by _____ (print affiant name).                                                                                                                                                                                                                                                                                              |                                                             |
| <input type="checkbox"/> Personally Known<br><input type="checkbox"/> Produced Identification                                                                                                                                                                                                                               |                                                             |
| _____<br>Type of Identification Produced                                                                                                                                                                                                                                                                                    | _____<br>Signature of Notary Public – State of Florida      |
|                                                                                                                                                                                                                                                                                                                             | _____<br>Name of Notary Public – Typed, Printed, or Stamped |
| (NOTARY SEAL)                                                                                                                                                                                                                                                                                                               | Commission Expires: _____                                   |

| <b>SECTION 5: CURRENT PERMITHOLDER INFORMATION UPDATE</b>                                                                                                               |                |                            |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|------------------|
| ONLY Current Permitholders complete this section to update information given to the Division. Attach pages as needed.                                                   |                |                            |                  |
| <b>Select Update Type:</b>                                                                                                                                              |                |                            |                  |
| <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.                                                                              |                |                            |                  |
| <b>Permit Number:</b>                                                                                                                                                   |                |                            |                  |
| <b>New Mailing Address:</b>                                                                                                                                             |                |                            |                  |
| <b>City:</b>                                                                                                                                                            | <b>County:</b> | <b>State:</b><br>FL        | <b>Zip Code:</b> |
| <b>New Telephone Number:</b>                                                                                                                                            |                | <b>New E-mail Address:</b> |                  |

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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: \_\_\_\_\_