

**DBPR ABT - 6005 – Division of Alcoholic Beverages and Tobacco
Application for Tobacco Products Wholesale Dealer**

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

**DBPR Form
ABT- 6005
Revised 01/2013**

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:

[Local ABT District Licensing Offices](#)

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Change to Legal Entity
<input type="checkbox"/> Change to Related Parties	<input type="checkbox"/> Change of Business Name (only in connection with the above)
Do you wish to purchase a Temporary Permit?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2 – 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: (This is the name the permit will be issued in)			Department of State Document #	
Business Name (D/B/A)				
Location Address (Street and Number)				
City	County	State	Zip Code	
Contact Person (Optional)		E-mail Address		
Mailing Address				
City		State	Zip Code	
Contact Person - This section is optional, see application instructions for details				
Contact Person		Telephone Number ext.		
E-Mail Address (Optional)				
Mailing Address (Street or P.O. Box)				
City		State	Zip Code	

ABT District Office Received Date Stamp
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SECTION 3 – RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

	Business Name (D/B/A)					
1.	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
2.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
3.	Home Address (Street and Number)					
	City				State	Zip Code
4.	Have you, as an individual or as a principal of an entity, had a permit revoked by the division within the previous 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				Permit Number	
5.	Have you ever been adjudicated as owing \$500 or more in delinquent cigarette taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6.	Have you ever 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					
7.	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					
8.	Have you ever 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					

9.	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
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If you answered yes to any of the above questions 4-9, provide the specifics on a separate sheet of paper and a copy of the Arrest Disposition.

NOTARIZATION STATEMENT

"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.

Notary Public

Commission Expires: _____

(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, and the division will redact the information from any public records request.

SECTION 4 – 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		

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 derive revenue from the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 cigars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Are there any persons or entities not disclosed who have guaranteed or co-signed a loan?	<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.

**SECTION 5 - 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 under penalty of perjury that the facts set forth in the forgoing application are in all respects true and correct. I further agree this place of business may be inspected and searched during business hours or at any time business is being conducted on the premises, without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the cigarette laws.

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 the foregoing information is true and that no other person or entity except as indicated herein has an interest in the tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the tobacco permit."

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 6 - CURRENT PERMITTEE UPDATE DATA SHEET

This section is to be completed for all **current** cigarette and/or tobacco permit 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 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 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 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 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 Permit Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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