

**INSTRUCTIONS FOR COMPLETING
DBPR – ABT 6011
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR ALCOHOLIC BEVERAGE CATERER'S LICENSE**

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:

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

GENERAL INSTRUCTIONS

Submitting Your Application

Applications for caterers of alcoholic beverages are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions are applicable and must be answered fully and truthfully. You must provide an original application and supporting documentation. All signatures must be original. If eligible, a temporary license may be purchased.

Contact Person

All communications regarding your application and invoices for payments of initial and renewal fees will be sent to the applicant/licensee at the mailing or email address provided. However, if you would like for us to communicate with someone other than the applicant regarding your application, please provide the name and contact information for that person in the "License Information" section. Your named contact person will be permitted to make changes to the application paperwork on your behalf (except Related Party Personal Information Sheet) and we will communicate directly with them regarding any application issues or deficiencies, and you will not be copied by the division with the correspondence. Once the application is approved, all invoices and any subsequent communications will be sent to the mailing address of the licensee.

APPLICATION REQUIREMENTS

Department of Revenue Clearance

Department of Revenue clearance is required on applications for all new, transfer, and correction of information applications which change the licensee's name. Applications must be submitted within **90 days** of receiving this approval.

Division of Hotels and Restaurants

The applicant must obtain approval from the Division of Hotels and Restaurants as proof of compliance with Chapter 509, Florida Statutes. Applications must be submitted within **90 days** of receiving this approval.

Affidavit of Applicant

The affidavit must be signed by the individual applicant, each partner of a general partnership, a general partner of a general partnership of a limited partnership, a managing member, manager, or officer of a limited liability company, each partner of a limited liability partnership, or one of the officers of a corporate applicant.

Affidavit of Transferor

The affidavit of transferor must be completed for all transfer applications. The affidavit must be signed by the individual owner, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant. If the transfer is pursuant to operation of law or judicial proceedings, certified copies of court order(s) in which the applicant is named may be accepted in lieu of signature(s) of seller.

Fingerprints

Note: If you are a current licensee with the Florida Division of Alcoholic Beverages & Tobacco you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated. Applicants whose fingerprints are returned to the division as illegible will be required to submit a second set of fingerprints.

Fingerprints must be submitted by each sole proprietor; officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations; general partners of general partnerships; general partners of a limited partnership; officers, managing members or managers of a limited liability company; partners of a limited liability partnership, and persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan Device Vendors List ([Livescan Device Vendors List](#)). Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of State Alcoholic Beverage and Tobacco Applicants only:

Your fingerprint card can be obtained from the Department of Business and Professional Regulation by contacting the Division of Alcoholic Beverages and Tobacco at 850.488.8284, or one of the division's district offices. A listing of the district offices on the web can be found at http://www.myflorida.com/dbpr/abt/district_offices/licensing.html. Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique

ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you.

Once your fingerprint card is received, you may then go to a local law enforcement office in your area to have your fingerprints rolled onto the card. Other information will be completed at the local law enforcement agency. For all programs, the completed card must be mailed to Pearson VUE at: FLDBPR, Florida Fingerprinting Program, Prints Inc. 119 East Park Avenue, Tallahassee, FL 32301 where the fingerprint card will be scanned. Prior to mailing your fingerprint card, you must complete the following steps in order to make advance payment of \$54.50 (do not send any money to PrintsInk, please follow the procedure below):

OUT OF STATE LIVESCAN FINGERPRINTING REGISTRATION DIRECTIONS with Pearson VUE and or its subcontractor Morpho Trust (formerly known as L-1)

1. Log onto the Pearson VUE website at <https://pearson.ibtfingerprint.com/>
2. Select Continue in English
3. Enter your legal first and last name.
4. Choose your agency from the drop down list
5. Select Pay For Ink Card Submission
6. Complete all of the required demographic information
7. Once you have entered your information select "Send" at the bottom of the page and you will be provided a verification page. You should verify that all the information you provided is correct and that you are being printed for the correct agency.
8. If everything is correct select "Go" at the top of the page and you have completed the entering of the required demographic information.
9. Choose your form of payment the option and then "Select". At this time you will be able to enter either your credit/debit card information, or e-check information.
10. Print the confirmation page. NOTE: you MUST include a copy of the confirmation page in the package with the fingerprint card sent to Prints Ink. Failure to provide the confirmation page may cause a delay in processing your fingerprint card.

NOTE: Failure to follow these instructions and make payment will result in your fingerprint card being returned to you and delay the processing of your fingerprints, and therefore, your application. To check on the status of your card, please call 1-800-528-1358 and not PrintsInk.

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.

Registration of Legal Entity

All corporations, domestic or foreign; general partnerships; limited liability companies; and limited partnerships are required to be registered with the Florida Department of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 or www.sunbiz.org for further information. Your application will be considered incomplete without this active registration.

Related Party Personal Information

This section of the application must be completed with original signatures for each applicant or person(s) directly connected with the business, unless they are current licensees. This will include the sole proprietor, all partners, officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations, all partners of each general partnership, all general partners of a limited partnership, all managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business. It is important that each individual discloses any arrests they have had within the past 15 years, even if they were charged, but not formally arrested, and regardless of the disposition.

Copy of Arrest Disposition

If the applicant answers "yes" to any of the criminal background questions asked in this application, provide a copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule.

Mitigation for Moral Character

If the applicant is required to submit an arrest disposition, they may also be required to submit mitigation under the moral character rule. A copy of the rule and requirements can be found on AB&T's page of the DBPR web site.

Direct Interest

A direct interest is a person or entity having an interest with the applicant in the business sought to be licensed and, includes but is not limited to:

1. an interest which is created by virtue of the interested party deriving revenue from the license;
2. a person or entity having the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages, the terms of which, are contrary to 561.17, Florida Statutes, or 61A-3.017, Florida Administrative Code;

3. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise.

A direct interest does not include any person that derives revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is specifically exempt by statute or rule.

Federal Employer's Identification Number (FEIN)

All licensees who pay wages to one or more employees must have a Federal Employer's Identification Number. Contact the Internal Revenue Service (IRS) at 1-800-829-3676 and request Form #SS4.

APPLICATION CHECKLIST

| TRANSACTION | APPLICATION REQUIREMENTS |
|--|---|
| Initial License as Caterer (13CT) | <ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6011 Division of Alcoholic Beverages and Tobacco Application for Alcoholic Beverage Caterer's License <input type="checkbox"/> Pay \$455 fee if requesting an initial temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Submit fingerprint receipt, if applicable <input type="checkbox"/> Submit Copy of Arrest Disposition, if applicable <input type="checkbox"/> Submit Mitigation for Moral Character, if applicable <input type="checkbox"/> Submit Right of Occupancy |
| Transfer of Ownership | <ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6011 Division of Alcoholic Beverages and Tobacco Application for Alcoholic Beverage Caterer's License <input type="checkbox"/> Pay \$100 fee if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Submit fingerprint receipt, if applicable <input type="checkbox"/> Submit Copy of the Arrest Disposition, if applicable <input type="checkbox"/> Submit Mitigation for Moral Character, if applicable <input type="checkbox"/> Submit Right of Occupancy |
| Change of Location | <ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6011 Division of Alcoholic Beverages and Tobacco Application for Alcoholic Beverage Caterer's License <input type="checkbox"/> Pay \$35 fee (make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Submit Copy of Agreement(s) with Interested Parties <input type="checkbox"/> Submit Right of Occupancy |

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an application packet

DBPR Form
ABT- 6011
Revised 09/2012

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 - CHECK TRANSACTION REQUESTED | | | | |
|--|--|--|-----------------------------|--------------------|
| Transaction Type: | | | | |
| <input type="checkbox"/> Initial Permanent License | <input type="checkbox"/> Transfer of Ownership | Do you wish to purchase a Temporary License? | | |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> Correction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is this application for the transfer of a license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Current Business Name (D/B/A) | | | Current License Number | |
| If this application is for the transfer of this license, is the transfer due to revocation proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, is there any personal relationship to the transferor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, explain the relationship: | | | | |
| | | | | |
| 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. | | | | |
| Full Name of Applicant: (This is the name the license will be issued in) | | | | |
| Department of State Document # | | | FEIN Number | |
| Business Name (D/B/A) | | | | |
| Location Address (Street and Number) | | | | |
| City | | County | | State FL |
| Zip Code | | | | |
| Business Telephone Number | | E-mail Address | | |
| Business Mailing Address | | | State | Zip Code |
| The section below is optional and only to be completed if you wish to specify an individual to whom all communication about your application will be sent. | | | | |
| Contact Person | | | Telephone Number | |
| E-Mail Address | | | | |
| Mailing Address (Street or P.O. Box) | | | State | Zip Code |

ABT District Office Received / Date Stamp

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.

| | | | | | | |
|----|---|-----|----------|-----------------------|----------------|---------------|
| 1. | Business Name (D/B/A) | | | | | |
| 2. | Full Name of Individual | | | | | |
| | Social Security Number* | | | Home Telephone Number | | Date of Birth |
| | Race | Sex | Height | Weight | Eye Color | Hair Color |
| 3. | Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number: | | | | | |
| 4. | Home Address (Street and Number) | | | | | |
| | City | | | | State | Zip Code |
| 5. | Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state. | | | | | |
| | Business Name (D/B/A) | | | | License Number | |
| | Location Address | | | | | |
| 6. | Have you had any type of alcoholic beverage , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state. | | | | | |
| | Business Name (D/B/A) | | | | Date | |
| | Location Address | | | | | |
| 7. | Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist. | | | | | |
| | Date | | Location | | | |
| | Type of Offense | | | | | |
| 8. | Have you been convicted of an offense involving alcoholic beverages anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist. | | | | | |
| | Date | | Location | | | |
| | Type of Offense | | | | | |

| | | | |
|---|---|------|----------|
| 9. | Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a Copy of the Arrest Disposition. Attach additional sheet if necessary. | | |
| | <table border="1"> <tr> <td data-bbox="250 233 526 296">Date</td> <td data-bbox="526 233 1481 296">Location</td> </tr> </table> | Date | Location |
| Date | Location | | |
| | Type of Offense | | |
| 10. | Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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. | | | |
| _____ Commission Expires: _____ | | | |
| Notary Public | | | |

(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.

**SECTION 4 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Business Name (D/B/A) _____

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed _____ Date _____

Title _____

Department of Revenue Stamp:

SECTION 5 – DIVISION OF HOTELS AND RESTAURANTS

Full Name of Applicant _____

The named applicant for a license has complied with the requirements of Chapter 509, Florida Statutes, and is currently licensed by the Division of Hotels and Restaurants to provide catering services and complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____

SECTION 8 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Business Name (D/B/A)

1. When applicable, please complete the appropriate section below. Attach extra sheets if necessary.

| Title/Position | Name | Stock % |
|-------------------------------|------|---------|
| CORPORATION (CORP/INC) | | |
| President | | |
| Vice President | | |
| Secretary | | |
| Treasurer | | |
| Director(s) | | |
| Stockholder(s) | | |

LIMITED LIABILITY COMPANY (LLC/LC)

| | | |
|--|--|--|
| Managing Member(s) and/or Managers | | |
| Members (must be printed if there are no managing members or managers) | | |
| | | |
| | | |

LIMITED PARTNERSHIP (LTD/LP/LTDLLP)

| | | |
|--------------------|--|--|
| General Partner(s) | | |
| Limited Partner(s) | | |
| | | |
| | | |

DIRECT INTEREST

Name of Individual or Entity (If a legal entity, list name under which the entity does business and its principles)

| Title/Position | Name | Stock % |
|----------------|------|---------|
| | | |
| | | |
| | | |
| | | |

3. Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?

Yes No

If yes, and the terms create a direct interest in the business, you must list the person(s) or entity and indicate which of the below applies. Each directly interested person must submit fingerprints and a related party personal information sheet. Copies of agreements must be submitted with this application.

| Name | Guarantor | Co-signer | Lender | Interest Rate (List) |
|------|--------------------------|--------------------------|--------------------------|----------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

**SECTION 9 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

"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, and agree that the place where business is being conducted may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, agents of the Division of Hotels and Restaurants, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage law. It is understood that we must maintain for a period of three (3) years all records required by the division by statute to demonstrate compliance with the requirements of the purchase of alcoholic beverages and records identifying each customer and the location and date of each catered event.

"I, the undersigned individually, or if a corporation for itself, its officers and directors, acknowledge the requirement that a caterer must derive at least 51 percent of its gross revenue from the sale of food and nonalcoholic beverages, and be licensed by the Division of Hotels and Restaurants under chapter 509. If the alcoholic beverage caterer is licensed under s. 565.02(1) and is not providing food, there must also be a licensed food caterer at the event. Alcoholic beverages may only be sold or served for consumption on the premises of the catered event. Alcoholic beverages may only be purchased from a vendor licensed under s. 563.02(1), s. 564.02(1), or s. 565.02(1). Any unused alcoholic beverages for a catered event must remain with the customer; unless the vendor from which the beverages were purchased accepts unopened alcoholic beverages for a credit or reimbursement."

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 license and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license."

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.

Commission Expires: _____

Notary Public

**SECTION 10 - AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

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 11 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license 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. |
|-----------|-------|------|

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

| | |
|---------------|-------------------------|
| Date of Birth | Social Security Number* |
|---------------|-------------------------|

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-----------|-------|------|
| Last Name | First | M.I. |
|-----------|-------|------|

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

| | |
|---------------|-------------------------|
| Date of Birth | Social Security Number* |
|---------------|-------------------------|

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-----------|-------|------|
| Last Name | First | M.I. |
|-----------|-------|------|

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

| | |
|---------------|-------------------------|
| Date of Birth | Social Security Number* |
|---------------|-------------------------|

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-----------|-------|------|
| Last Name | First | M.I. |
|-----------|-------|------|

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

| | |
|---------------|-------------------------|
| Date of Birth | Social Security Number* |
|---------------|-------------------------|

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-----------|-------|------|
| Last Name | First | M.I. |
|-----------|-------|------|

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

| | |
|---------------|-------------------------|
| Date of Birth | Social Security Number* |
|---------------|-------------------------|

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|