

**DBPR ABT-6019 - DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR MALT FL/FLORIDA IMPRINTING EXEMPTION**

**Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1021**

**DBPR Form
ABT-6019
Revised 09/2010**

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 - MANUFACTURER INFORMATION			
This application is for the purpose of applying for an initial FL/Florida imprinting Exemption.			
If you are a Florida licensed manufacturer provide your license number. If you are an out of state manufacturer and are also a registrant, enter your registrant number in the "License #" field. If you are an out of state manufacturer with no Florida license, but have been issued a number for tax report submission, enter that number in the "License #" field.			
Manufacturer Name		License #	
In accordance with section 563.06(5), Florida Statutes, only a manufacturer may apply for "FL/Florida" imprinting exemption for malt beverages.			
BUSINESS MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+ 4 optional)
County (if Florida address)		Country	
Contact Name			
Telephone Number - -		E-Mail Address	

SECTION 2 - TRACKING SYSTEM INFORMATION
Please describe the tracking system, by use of code or otherwise, that enables the identification of the following: 1) the place of production, 2) the state to which the product was shipped, and 3) the distributor within the state who received it.
Note – You may attach a document to your application with this information rather than writing the description below.
Description:

SECTION 3 – TRACKING SYSTEM INFORMATION - continued

Please state the degree of accuracy of the tracking system and explain how the degree of accuracy was determined.

Note – You may attach a document stating the degree of accuracy of the tracking system and explaining how the degree of accuracy was determined with your application rather than writing the explanation below.

Degree of accuracy of tracking system: (must be at least 90%)

Explanation:

Do you agree that the division can obtain applicable information concerning malt beverage shipments and the proper coding within 10 days of an official request? Yes No

Note – If you choose to submit a document containing all of the information requested in Section II with your application, then you must include a statement of agreement that the division can obtain applicable information concerning malt beverage shipments and the proper coding within 10 days of an official request.

SECTION 4 – OATH/AFFIRMATION

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by section 559.79, F.S. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct. **I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name: