

DBPR ABT-6036 – Division of Alcoholic Beverages and Tobacco Application for Bottle Club License and Retail Tobacco Products Dealer Permit

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

**DBPR Form
ABT-6036
Revised 09/2010**

NOTE – This form must be submitted as part of an application packet

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation. 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 page of the DBPR web site at the link provided below.

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

SECTION 1 - CHECK LICENSE CATEGORY	
Transaction Type:	
<input type="checkbox"/> Bottle Club License	<input type="checkbox"/> Retail Tobacco Products Dealer Permit
SECTION 2 - CHECK TRANSACTIONS REQUESTED	
<input type="checkbox"/> New License	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transfer of Ownership	
<input type="checkbox"/> Change of Location	
<input type="checkbox"/> New Retail Tobacco Products Dealer Permit	
<input type="checkbox"/> Change of Business Name	
<input type="checkbox"/> Change of Officers/Stockholders	
<input type="checkbox"/> Correction	

SECTION 3 – LICENSE INFORMATION			
Full Name of Applicant: (This is the name the license will be issued in)		Department of State Document #	
Business Name (D/B/A)			
FEIN Number *		Business Telephone Number - -	
Location Address (Street and Number)			
City	County	State FL	Zip Code
Check either: <input type="checkbox"/> Location is within the city limits or <input type="checkbox"/> Location is in the unincorporated county			
Contact Person			
E-Mail Address		Telephone Number - - ext.	
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

ABT District Office Received / Date Stamp
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SECTION 4 – LICENSE INFORMATION

If this application is for a **New license or permit, the following questions are **not** applicable.

Current Business Name

Current License Number

Is the transfer of this license due to revocation proceedings?

Yes No

If yes, is there any personal relationship to the transferor?

Yes No

If yes, explain the relationship:

SECTION 5 – CONTRACTS OR AGREEMENTS

These questions must be answered about this business for every person or entity listed as the applicant and copies of agreements must be submitted with this application. If the management, service, or other contractual agreement gives a person or entity control of the licensed premises or the sale of alcoholic beverages, disclosure of those persons must be made in the section labeled "DIRECT INTEREST" in the **DISCLOSURE OF INTERESTED PARTIES** section. They must also submit fingerprints and a related party personal information sheet.

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a management contract, franchise agreement, or service agreement in connection with this business?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

SECTION 6 – 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					
	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					

8.	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.
Date	Location
Type of Offense	
9.	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.	
_____ 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.

**SECTION 7 – DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any access through the premises to any area over which you do not have dominion and control?
3.	Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan.		

**SECTION 8 – ZONING
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION**

Street Address

City	County	State Error!	Zip Code
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- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series **14BC** license.
- B. Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed? Yes No

Signed _____ Date _____

Title _____

**SECTION 9 – 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 10 – HEALTH
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS
OR COUNTY HEALTH AUTHORITY
OR DEPARTMENT OF HEALTH
OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**

Business Name (D/B/A) _____

Street Address _____

City _____	County _____	State FL	Zip Code _____
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The above establishment complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____

Agency _____

SECTION 11 – APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)

Has the applicant entity been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the entity was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

SECTION 12 – 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)		
Bar Manager (Fraternal Organizations of National Scope only)		

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 13 - 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 14 - 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.
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Current Alcohol Beverage and/or Tobacco License 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 Alcohol Beverage and/or Tobacco License 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 Alcohol Beverage and/or Tobacco License 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 Alcohol Beverage and/or Tobacco License 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 Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth / /	Social Security Number* - -
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Street Address

City	State	Zip Code
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