

**DBPR ABT-6021 – Division of Alcoholic Beverages and Tobacco
Application for Passenger Vessel Permit**

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

**DBPR Form
ABT-6021
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco (AB&T) at (850) 488-8284. Please send your completed application to:

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

SECTION 1 - APPLICANT 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 license will be issued in)			Department of State Document #
Mailing Address (Street or P.O. Box)			
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:			
City:		State	Zip Code

SECTION 2 - PASSENGER VESSEL INFORMATION	
Name of Vessel:	
Name of Florida Port:	
City:	County:
As operator or concessionaire, we certify that this passenger vessel has cabin-berth capacity for [] passengers, and that it is engaged exclusively in foreign commerce.	

ABT Central Office Received / Date Stamp

SECTION 3 - CORPORATE FELONY CONVICTION

Name of Vessel

Has the applicant corporation 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 corporation was convicted, and the city, county, state and court where the conviction took place.

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 permit.

List below the names of all persons connected, directly or indirectly, in the business for which the permit is sought. Attach extra sheets if necessary.

NAME	POSITION (if corporation or other legal entity)

**SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Name of Vessel _____

"I, the undersigned individual, or if a corporation its authorized representative, hereby acknowledge that by acceptance of a permit, the place of business may be inspected and searched during business hours or at any time business is being conducted on the vessel without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his deputies and police officers for purposes of determining compliance with the beverage law.

I, or we, understand that any permit issued under this application authorizes the sale of alcoholic beverages for consumption on board the vessel only, during a period not in excess of 24 hours prior to departure while the vessel is moored at docks or wharfs in ports of this state; or at any time while the vessel is located in the Florida territorial waters and is in transit to or from international waters.

I swear under oath or affirmation under penalty of perjury as provided in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and that no other person(s), firm, or corporation, except as indicated herein, has an interest in the alcoholic beverage permit for which these statements are made."

STATE OF _____

COUNTY OF _____

APPLICANT/ AUTHORIZED REPRESENTATIVE NAME

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was () Sworn to and Subscribed 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: _____