

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6038  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR TAX EXEMPT WINE PERMIT**

**Application begins on page 2**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395. Please send your completed application and required fee(s) to:*

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

**GENERAL INSTRUCTIONS**

Please complete all information. Incomplete applications will not be reviewed. All questions are applicable and must be answered fully and truthfully. This application is taken under oath.

You must provide an original application and a copy of all supporting documentation. All signatures must be original.

**APPLICATION CHECKLIST**

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Tax Exempt Wine Permit</b>	<input type="checkbox"/> Complete DBPR ABT-6038 Division of Alcoholic Beverages and Tobacco Application for Tax Exempt Wine Permit

**DBPR ABT-6038 – Division of Alcoholic Beverages and Tobacco Application for Tax Exempt Wine Permit**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION  
2601 Blair Stone Road  
Tallahassee, FL 32399-1021**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395. Please send your completed application and required fee(s) to:*

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

SECTION 1 – CHECK PERMIT CATEGORY	
<input type="checkbox"/> Religious Order	<input type="checkbox"/> Minister
<input type="checkbox"/> Monastery	<input type="checkbox"/> Pastor
<input type="checkbox"/> Church	<input type="checkbox"/> Priest
<input type="checkbox"/> Religious Body	<input type="checkbox"/> Rabbi

SECTION 2 – APPLICANT INFORMATION		
Full Name of Applicant		
Organization Name		
Mailing Address		
City	State	Zip Code
Contact Person	Telephone Number	Fax Number
1. The religious purpose for this wine to be used:		
2. Estimated amount of wine in total gallons to be purchased annually:		

