

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

Application begins on page 4

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 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

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. Incomplete applications will not be accepted. All questions are applicable and must be answered fully and truthfully.

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

APPLICATION REQUIREMENTS

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.

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant; all partners of a general partnership; all general partners of a limited partnership; all managing members of a limited liability company; or one of the officers of a corporate applicant.

Fingerprints

Fingerprints must be submitted by each individual applicant, all corporate officers, all managing members, all general partners of a limited partnership, all partners of a general partnership, each individual stockholder owning more than .5 percent of stock, and all directors. Each applicant shall submit electronic fingerprints through the department's vendor PearsonVue. Costs associated with the fingerprint process will be collected by PearsonVue. You may contact PearsonVue at www.pearsonvue.com or by calling 1-877-238-8232. At the time application is made to the Division of Alcoholic Beverages and Tobacco, you will need to submit your PearsonVue receipt. The receipt serves as proof of the fingerprint requirement and includes information necessary to process your application. Failure to provide this receipt will delay the processing and/or denial of your application.

Note: If you are a current licensee or have been fingerprinted by this division in the past three (3) years, you are not required to submit this fingerprint information

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.

Corporate and Limited Partnership Registration

All corporations, domestic or foreign, general partnerships, limited liability corporations, and limited partnerships are required to be registered with the Florida Secretary of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 for further information. Your application cannot be accepted by this division without this registration.

Partner, Officer, Stockholder Personal Data - Section 3

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 .5% of stock in non- public corporations, general partners of general partnerships, general partners of a limited partnership, and the managing partners of a limited liability company. Directly interested persons include anyone that is connected with the business who has a beneficial interest. It is important that each individual disclose any arrests they have had, even if they were charged, but not formally arrested, and regardless of the disposition.

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.

Certified Copy of Arrest Disposition

If the applicant answers "yes" to any of the criminal background questions asked in this application, provide a Certified 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.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
<p>Initial License as Caterer (13CT)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$455 fee if requesting an initial temporary license (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ABT-6011 Division of Alcoholic Beverages and Tobacco Application for Caterer's License <input type="checkbox"/> Certified copy of Arrest Disposition, if applicable <input type="checkbox"/> Mitigation for Moral Character, if applicable <input type="checkbox"/> Contact the department's vendor for electronic fingerprinting, PearsonVue at www.pearsonvue.com or call 1-877-238-8232 to arrange for fingerprinting. Submit the receipt issued by PearsonVue with your application. <input type="checkbox"/> Submit Secretary of State Certificate of Status, if applicable <input type="checkbox"/> Submit certified copy of the arrest disposition, if applicable

DBPR ABT-6011 –Division of Alcoholic Beverages and Tobacco Application for Caterer’s License

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

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 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.

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SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Initial Permanent License <input type="checkbox"/> Correction	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant _____		Corporate Document # _____	
Trade Name (D/B/A) _____			
FEIN Number or Social Security Number*		_____	
Contact Person _____		Phone Number _____	
Location Address (Street and Number) _____			
City _____	County _____	State _____	Zip Code _____
Mailing Address (Street or P.O. Box) _____			
Section / Name (Attention: – <i>Optional</i>) _____			
City _____		State _____	Zip Code _____
Does the applicant entity currently hold an alcoholic beverage license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information.			
Current License Number _____		Series _____	Type _____
Current Business Name _____			

SECTION 3 - PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION

This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.

1.	Trade Name (D/B/A)					
2.	Full Name of Applicant					
	Social Security Number*			Home Phone 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 city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
6.	Have you ever 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.					
	D/B/A Name			Date		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear in any state of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE 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?
 Yes No
 If yes, provide details:

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 Section 7 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
 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**

Trade Name (D/B/A) _____

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

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 7 – DISCLOSURE OF INTERESTED PARTIES

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

Trade Name (D/B/A)

1. List below the names, titles and percentage of stock held for all officers, directors, stockholders, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary. If the applicant is a limited partnership or limited liability company, attach a list of all limited partners and members.

Title/Position	Name	Stock %
President		
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
Managing Member(s)		
General Partner(s)		

2. 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, you must list the person(s) or entity and indicate which of the below applies.

Name	Guarantor	Co-signer	Lender	Interest Rate
	<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 - 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.

Trade Name (D/B/A)

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth ____/____/____ Social Security Number*

Street Address

City State Zip Code

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Trade Name (D/B/A)

Approved by _____ Date _____ Fee: _____

District Office Date Stamp