

State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics

Application for Permit as a Diethyl Ether Manufacturer, Distributor, Dealer, or Purchaser
Form No.: DBPR-DDC-233

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
<p>Application for Permit as a Diethyl Ether Manufacturer, Distributor, Dealer, or Purchaser.</p> <p>Select the type of ether permit applying for:</p> <p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Distributor</p> <p><input type="checkbox"/> Dealer</p> <p><input type="checkbox"/> Purchaser</p>	<p><input type="checkbox"/> Manufacturer – Submit fee of \$700.00.</p> <p><input type="checkbox"/> Distributor – Submit fee of \$700.00.</p> <p><input type="checkbox"/> Dealer – Submit fee of \$350.00.</p> <p><input type="checkbox"/> Purchaser – Submit fee of \$150.00.</p> <p><input type="checkbox"/> Payment – Make cashier’s check, corporate or business check, or money order payable to the Florida Department of Business and Professional Regulation.</p> <p><input type="checkbox"/> If the applicant answered “Yes” to any question in Section IV, enclose a detailed explanation along with any relevant documentation.</p> <p><input type="checkbox"/> Sign and date the Affidavit section of the application.</p> <p><input type="checkbox"/> Attach two 2” X 2” front-view, full face photographs of the owner or chief executive officer, taken within the last six months. These photographs must be clear and recognizable and cannot be on home Polaroid type paper.</p> <p><input type="checkbox"/> A complete set of fingerprints of any new applicant must be submitted on the fingerprint card issued by the department and must be taken by an authorized law enforcement officer.</p>
	<p>Submit the completed application with enclosures to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399</p>

PLEASE NOTE:

Telephone, email, and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding application will be mailed to the application contact’s mailing address and may take longer to resolve.

GENERAL INFORMATION

Florida law generally defines "establishment" to mean a place of business at one general physical location. As used in this application, "the establishment" refers to the physical address of the establishment to be permitted.

A permit is not required of any person who purchases ether in quantities of less than 2.5 gallons, or equivalent by weight. Any person, who manufactures, distributes, or deals in ether in this state at or from more than one location must possess a current valid license at each location. Only one ether permit is required for each location if multiple activities relating to ether occur at one location, but the highest fee applicable to the operation in each location shall be paid by the applicant.

Ether licenses and permits are valid beginning on October 1 of the year for which they are issued and expire on the following September 30. A licensed or permitted facility shall renew its license or permit prior to its expiration date. If a renewal application and fee are not postmarked by the expiration date, the permit may be reinstated only upon payment of a delinquent fee of \$50.00, in addition to the required renewal fee, within 30 days after the date of expiration.

DEFINITIONS:

"Dealer" means any person, firm, corporation, or other entity selling, brokering, or transferring ether to anyone other than a licensed ether manufacturer, distributor, or dealer. This includes selling, brokering, or transferring ether to an exempted facility or to an ether purchaser.

"Distributor" means any person, firm, corporation, or other entity distributing, selling, marketing, transferring, or otherwise supplying ether to retailers, dealers, or any other entity in the primary channel of trade, but does not include retailers.

"Manufacturer" means any person, firm, corporation, or other entity preparing, deriving, producing, synthesizing, or otherwise making ether in any form or repackaging, relabeling, or manipulating ether.

"Purchaser" means any person, firm, corporation, or other entity who purchases ether in quantities of 2.5 gallons, or equivalent by weight, or more for any purpose whatsoever, but does not include a dealer, distributor, or manufacturer.

"Officers of the corporation" mean the five highest corporate officers of the corporation. These generally include the president, vice president, chairman of the board, secretary, treasurer, or equivalent positions.

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Form No.: DBPR-DDC-233

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**. ***For additional information see the Instructions at the beginning of this application.***

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> New Application [3310/1020]
<input type="checkbox"/> New Application due to change in ownership. If checked, provide legal documentation for the change of ownership (i.e. Bill of Sale, stock transfer, merger). [3310/1020] Current Permit Number: _____

Section II – Applicant Information

APPLICANT INFORMATION
TAXPAYER IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER
This is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification. When the number is used for identification rather than employment tax reporting, it is usually referred to as a Taxpayer Identification Number (TIN), and when used for the purposes of reporting employment taxes, it is usually referred to as the Federal Employer Identification Number (FEIN).
Applicant's TIN/FEIN: _____
FULL LEGAL NAME
The "full legal name" is the complete name of the business entity that will be operating the establishment. This is generally the name that is on the documents that establish the existence or formation of the business entity. For example, a corporation's full legal name would normally be the name that is found in the corporation's articles of incorporation.
Applicant's Full Legal Name: _____
FICTITIOUS, TRADE, OR BUSINESS NAME
If the applicant intends to operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above – e.g. fictitious, trade, or business name (also commonly referred to as a "dba", "D/B/A", or "doing business as" name – this name must be registered with the Florida Department of State, Division of Corporations. This is the name that will appear on the permit issued to the applicant by the department and must be the name that the applicant uses on operational documents for permitted activities.
<input type="checkbox"/> The applicant WILL NOT operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above.
<input type="checkbox"/> The applicant WILL operate the permitted establishment under the following fictitious, trade, or business name: _____
The fictitious, trade, or business name listed directly above, is registered with the Florida Department of State, Division of Corporations and the applicant has been issued the following registration number: _____.

APPLICANT'S MAILING ADDRESS			
Street Address or P.O. Box:			
City:	State:	Zip Code (+4 optional):	
PHYSICAL ADDRESS OF ESTABLISHMENT TO BE PERMITTED (only if different from mailing address) Check <input type="checkbox"/> if not applicable			
Street Address:			
City:	State:	Zip Code (+4 optional):	
County (if located in Florida):	Country:		
E-Mail Address:	Telephone Number:	Fax Number:	
OWNER OR CHIEF EXECUTIVE OFFICER (This person must submit photograph and fingerprint)			
Last/Surname:	First:	Middle:	Suffix:
Position/Title:			
Residence Street Address (must be different than establishment physical address):			
City:	State:	Zip Code (+4 optional):	
Residence Phone Number:	E-Mail Address:		
Social Security Number:	Date of Birth:	Place of Birth:	
Race:	Sex:	Height:	
Weight:	Hair Color:	Eye Color:	
OPERATING HOURS			
List Operating Hours. REMEMBER to circle "a.m." or "p.m." for each time indicated below.			
Mon ____:____ a.m./p.m. to ____:____ a.m./p.m.	Fri ____:____ a.m./p.m. to ____:____ a.m./p.m.		
Tue ____:____ a.m./p.m. to ____:____ a.m./p.m.	Sat ____:____ a.m./p.m. to ____:____ a.m./p.m.		
Wed ____:____ a.m./p.m. to ____:____ a.m./p.m.	Sun ____:____ a.m./p.m. to ____:____ a.m./p.m.		
Thu ____:____ a.m./p.m. to ____:____ a.m./p.m.			

Section III – Ownership Information

TYPE OF OWNERSHIP			
<input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Closely Held Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
List the state of incorporation or state of organization (except Partnership – General or Sole Proprietorship). Business entities organized under non-U.S. laws list the country of organization. <div style="text-align: right;"><input type="checkbox"/> N/A (Partnership – General or Sole Proprietorship)</div>			
State or Country:			
List the name, position/title, social security number, date of birth and address of each owner, partner, member, manager, officer, director, chief executive, or other person who directly or indirectly controls the operation of the business entity, as applicable. For example, corporations would list officers and directors, limited liability companies would list members and managers, etc.			
Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
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Street Address:	City:	State:	Zip Code:
Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
List the name, social security number, date of birth and address of each person who owns 10 percent or more of the outstanding stock or equity interest in the business entity.			
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:

Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:
Name:	Social Security #:	Date of Birth:	% of Ownership:
Street Address:	City:	State:	Zip Code:

Section IV – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes If yes, explain in detail in Section V	<input type="checkbox"/> No	Has the owner or any corporate officer been convicted of a felony under the prescription drug or controlled substance laws of Florida or any other state or federal jurisdiction, regardless of whether a pardon has been granted or whether civil rights have been restored?
2.	<input type="checkbox"/> Yes If yes, explain in detail in Section V	<input type="checkbox"/> No	Has the owner or any corporate officer been convicted of any felony other than a felony under the prescription drug or controlled substance laws of Florida or any other state or federal jurisdiction and not been granted a pardon or had civil rights restored?
3.	<input type="checkbox"/> Yes If yes, explain in detail in Section V	<input type="checkbox"/> No	Has the owner or any corporate officer been adjudicated mentally incompetent and not had civil rights restored?
4.	<input type="checkbox"/> Yes If yes, explain in detail in Section V	<input type="checkbox"/> No	Has the owner or any corporate officer been denied a permit or license in any state related to any activity regulated under Chapter 499, F.S.?

If you answered “YES” to any questions in Section IV, you must provide detailed explanations in Section V, including requirements for submitting supporting legal documents. If needed, explain on separate sheet(s).

Section V – Explanation(s) for “Yes” response(s) to background question(s) in Section IV

EXPLANATION(S)

Section V (cont'd)

Section VI – Affidavit

AFFIDAVIT

Pursuant to s. 559.79, F.S., 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.

Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law.

I UNDERSTAND THAT THE ISSUANCE OF A PERMIT BY THE DEPARTMENT ONLY AUTHORIZES THE APPLICANT TO CONDUCT REGULATED ACTIVITIES IN THE STATE OF FLORIDA UNDER THE NAME IN WHICH THE PERMIT IS ISSUED. IF THE PERMIT IS ISSUED IN THE NAME OF A DBA OR D/B/A THE APPLICANT MAY ONLY CONDUCT BUSINESS IN FLORIDA IN THE NAME OF THE DBA OR D/B/A.

I FURTHER UNDERSTAND THAT PROVIDING ADDITIONAL DBA OR D/B/A NAMES TO THE DEPARTMENT AS PART OF THE APPLICATION PROCESS IS NOT, UPON LICENSURE, AN AUTHORIZATION TO CONDUCT BUSINESS IN FLORIDA UNDER THE NAME OF THOSE ADDITIONAL DBA'S OR D/B/A'S.

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

Signature of Applicant, Owner or Chief Executive:	Date:
Print Name:	Title:

Mail completed application to:

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