

**INSTRUCTIONS FOR COMPLETING
DBPR ABT– 6001
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
ALCOHOLIC BEVERAGE LICENSE AND RETAIL TOBACCO PRODUCTS DEALER PERMIT
APPLICATION**

Application begins on page 6

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 alcoholic beverage licenses and retail tobacco products dealer permits are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. 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. If eligible, a temporary license may be purchased.

Note: When applicable, you must submit two legible and executed copies of the following: Lease, Purchase Agreements, Franchise Agreements, Management Contracts, Service Agreements, and any agreements which require a percentage payment from the business operation, Certified Copy of Death Certificate, Letters of Administration, Certificate of Title, Certified Copy of All Court Orders pertaining to the alcoholic beverage license.

APPLICATION REQUIREMENTS AND INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Application Requirements

License Types

Refer to the "Alcoholic Beverages and Tobacco" page on the Department of Business and Professional Regulation's Internet site for the License Type data chart. This is provided to guide applicants in knowing how each license type is defined in order to clarify which license type suits their needs.

Health Approval

Health approval is required on all applications for consumption on the premises. Businesses that serve food or are located on premises licensed by the Division of Hotels and Restaurants, must obtain approval from that division. Businesses that do not serve food must contact the County Health Authority or the Department of Health. Food service establishments located in grocery and convenience stores, bakeries or delicatessens must contact the Department of Agriculture and Consumer Services. Applications must be submitted within **90 days** of receiving this approval.

Zoning Approval

Zoning approval is executed by the city or county zoning authority in which the business to be licensed is located. Zoning approval is required on all new and change of location applications unless the applicant is a state college or university located on State owned property. Zoning approval may also be required for certain change or increase in series applications. Zoning approval is not required on new applications for 1APS licenses unless required pursuant to a Special Act for the county in which you are applying. Applications must be submitted within **180 days** of receiving this approval.

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.

Department of Revenue Clearance

Department of Revenue clearance is required on applications for all new, transfer, change of location, and correction of information applications which change the licensee's name. Applications must be submitted within **90 days** of receiving this approval.

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.

Surety Bond

Surety bonds are required on all new applications for manufacturers, wholesale distributors of alcoholic beverages, wholesale distributors of cigarettes, and other tobacco products. A surety bond or a rider to the original bond must be submitted on any change of business name, change of location or change of ownership name application by the aforementioned. Contact the division's Auditing Office for further information. You may wish to have Auditing review your surety bond prior to submitting this application.

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 4

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.

Club Licenses

Applicants for club licenses, other than fraternal organizations, must submit club by-laws and articles of incorporation.

Sketch of Premises

Draw, in ink, a complete sketch of the premises which includes all walls, doors, counters, sales areas, storage areas, etc. **No architectural drawings are accepted.**

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.

Instructions for Completing This Application

Sections 1 and 2 – Transaction and License Category:

- ☐ **Trade Name:** List the name under which your business will operate and as it will appear on your outside sign, menu, etc.
- ☐ **Purchasing a Temporary License:** Temporary licenses are \$100 or ¼ of the annual license fee, whichever is greater. (If applicable, you must provide proof of Right of Occupancy to the premises to receive a temporary license).
- ☐ **Series Requested:** ex. 1APS, 2APS, 1COP, 2COP, 4COP, 3PS
- ☐ **Type Requested:** ex. SRX, S (Not all license series have a type)
- ☐ **License Category:** Tells us what type of license is to be processed. Place an "X" in each box which applies to your application. For example, if you were applying for retail alcoholic beverages and retail tobacco you would place an "X" in each of those blocks. Refer to the AB&T page of DBPR's Internet site for the License Type data chart.

Section 3 – License Information

- ☐ **Applicant Name:** This is to include first, middle and last name(s). If you are applying as a partnership, all partners should be listed on this line. If you are applying as a corporation, limited partnership, or other legal entity, list the exact name as registered with the Florida Secretary of State's office.
- ☐ **Trade Name (D/B/A):** List the name under which your business will operate and as it will appear on your outside sign, menu, etc.
- ☐ **FEIN or Social Security Number:** List your FEIN number if you pay wages to one or more employees; otherwise list your Social Security number.
- ☐ **Contact Person:** List the person to whom you wish inquiries addressed. This person should be readily available during business hours to answer any questions about the licensed premises.
- ☐ **Location Address:** Provide the street address of your named business, not a P.O. Box.
- ☐ **Location:** Check the appropriate box indicating whether the license location is within the city or county. If within city limits, please identify the city in the space provided. If you are uncertain, the local zoning office should be able to assist you.
- ☐ **Mailing Address:** Provide a P.O. or street address of your named business.
- ☐ **Section/Name (Attention):** Optionally, you may indicate a person, section, or department of your company that you would like to receive correspondence. This will be included in the mailing address so that correspondence will be sent to their attention.

Section 4 - Partner, Officer, Stockholder Information

This information is requested for all person(s) directly connected with the business unless they are current licensees.

Section 5 – Description of Premises to be Licensed:

- ☐ **Trade Name D/B/A:** List the business name.
- ☐ **Questions 1-2:** Check "yes" or "no".
- ☐ **Question 3:** Draw a sketch of the premises to be licensed (include front, back, and side roads/streets).

Section 6 – Sales Tax

This section must be completed by the Florida Department of Revenue on all new, transfer, change of location, or amended corporate name applications.

Section 7 - Zoning

This section must be completed by the local zoning authority on all new, change of location, or increase in series applications. This application is to be taken to the Zoning Department (City or County) that governs the location of your business.

Section 8 - Health

This portion must be completed by the Division of Hotels & Restaurants or the local health authority for all consumption on the premises (COP) license applications. This includes all applications for a new, transfer, change of location, and increase in series.

Section 9 – Contracts or Agreements

These are to be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

Section 10 – Corporate Felony Conviction

Answer "yes" only if the applicant is a corporation and the corporation has been convicted of a felony within the last 15 years. If the answer is "yes", list specific details.

Section 11 – Special License Requirements

If this application is for a quota, special, or club license, the applicant must acknowledge the minimum requirements to be met and maintained in order to qualify for these license types. These requirements can be found on DBPR's web site at <http://www.myflorida.com/dbpr/abt/documents/genlaws.doc>. Please indicate the appropriate special license requirement, and initial and date in the designated area if this applies to you.

Section 12 – Disclosure of Interested Parties

- ☐ **Question 1:** List the names, titles and percentage of stock held for all officers, directors, stockholders, limited partners and general partners, managing members, etc.
- ☐ **Question 2:** List any persons not identified in Question 1 that are connected directly or indirectly with the business. This would include guarantors, co-signors, and lenders.

Section 13 – Affidavit of Applicant(s)

The application must be signed by the applicant and notarized. 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. **All signatures must be original.**

Section 14 – Current Licensee Update Data Sheet

If anyone listed on this application currently holds a beverage license in the State of Florida, please complete this section.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
New License	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$100 or ¼ of the annual license fee, whichever is greater, if requesting a temporary license (make check payable to the Department of Business and Professional Regulation)<input type="checkbox"/> Complete DBPR ABT-6001 Application for Alcoholic Beverage License and Tobacco Permit<input type="checkbox"/> Certified copy of the Arrest Disposition, if applicable<input type="checkbox"/> Mitigation for Moral Character, if applicable<input type="checkbox"/> All new applications for manufacturers and wholesale distributors of alcoholic beverages must complete the DBPR ABT-6032 Surety Bond form<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"/> Right of Occupancy

DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco Application for Alcoholic Beverage License and Tobacco Permit

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**DBPR Form AB&T
ABT-6001
Revised 02/08
61A-10.083 FAC**

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 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 TRANSACTION REQUESTED	
Trade Name (D/B/A)	
Transaction Type:	
<input type="checkbox"/> New License	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Series Requested	Type Requested
SECTION 2 - CHECK LICENSE CATEGORY	
<input type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Manufacturer
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Retail Tobacco Products
	<input type="checkbox"/> Passenger Waiting Lounge

SECTION 3 – 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*		Business Telephone Number	
Contact Person		Phone Number	
Location Address (Street and Number)			
City	County	State	Zip Code
Check either: <input type="checkbox"/> Location is within the city limits of _____ or <input type="checkbox"/> Location is in the unincorporated county			
Mailing Address (Street or P.O. Box)			
Section / Name (Attention: – <i>Optional</i>)			
City		State	Zip Code

***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 – 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					
	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 the 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.	<p>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</p> <p>If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION. Attach additional sheet if necessary.</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> </table> <p style="border-bottom: 1px solid black; margin-top: 5px;">Type of Offense</p>				
9.	<p>Are you an official with State police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide details:</p> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>				
NOTARIZATION STATEMENT					
<p>"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 12 of this application. I further swear or affirm that the foregoing information is true and correct."</p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">STATE OF _____</td> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">APPLICANT SIGNATURE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">COUNTY OF _____</td> <td style="border-bottom: 1px solid black; text-align: center;">APPLICANT SIGNATURE</td> </tr> </table>		STATE OF _____	APPLICANT SIGNATURE	COUNTY OF _____	APPLICANT SIGNATURE
STATE OF _____	APPLICANT SIGNATURE				
COUNTY OF _____	APPLICANT SIGNATURE				
<p>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.</p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">Notary Public</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Commission Expires: _____</td> </tr> </table>		Notary Public	Commission Expires: _____		
Notary Public	Commission Expires: _____				

(ATTACH ADDITIONAL COPIES AS NECESSARY)

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED**

Trade 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. No architectural drawings are accepted. | | |

DBPR Authorized Signature _____ Date _____

☐ Approved ☐ Disapproved

Comments _____

**SECTION 6 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade 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 7 – ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION			
Trade Name (D/B/A)			
Street Address			
City	County	State	Zip Code
<p>Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If this application is for issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A".</p> <p>A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series _____ license.</p> <p>Signed _____ Date _____</p> <p>Title _____</p>			

SECTION 8 – 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

Trade Name (D/B/A) _____

Street Address _____

City _____

County _____

State _____

Zip Code _____

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____ Agency _____

SECTION 9 – CONTRACTS OR AGREEMENTS

These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.

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 10 – CORPORATE FELONY CONVICTION

Trade Name (D/B/A)

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.

(Attach additional sheets if necessary)

**SECTION 11 – SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate “Special Alcoholic Beverage License” box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

☐ Quota Alcoholic Beverage License ☐ Special Alcoholic Beverage License
☐ Club Alcoholic Beverage License

This license is issued pursuant to _____, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

Please initial and date:

Applicant's Initials _____ Date _____

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.				
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)				
Bar Manager (Fraternal Organizations of National Scope only)				
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (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 APPLICANT
NOTARIZATION REQUIRED**

Trade Name (D/B/A) _____

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage and retail tobacco laws."

"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 the foregoing information is true and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF _____
APPLICANT SIGNATURE _____

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.

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.

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) _____	
CODE: City _____ County _____	FEIN NUMBER _____
TYPE _____	FEE _____
_____	_____
_____	TOTAL _____
Approved by _____ Date _____ Audited: _____ Unaudited: _____	
District Office Date Stamp	
District Office Received Date Stamp	District Office Accepted Date Stamp

