

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6008
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR IMPORTER OR BROKER SALES AGENT LICENSE**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) 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 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 importers or broker sales agents are filed with the Division of Alcoholic Beverages and Tobacco. Please complete all information. All questions must be answered fully and truthfully. You must provide an original application with original signatures. If you are required to submit any supporting documentation, such as the items listed below, a copy of the document is acceptable. Once submitted, your application cannot be returned to you. We will notify you in writing if your application has any errors or omissions and you will be given the opportunity to submit the corrected or required document.

Note: When applicable, you must submit a legible and executed copy of the following: Right of Occupancy (lease or deed must be in the entity applying for the license), 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.

If eligible, a new temporary license may be purchased for \$125.00 and a transfer temporary license may be purchased for \$100.00. The permanent initial license fee is \$500.00.

Contact Person

All communications regarding your application and invoices for payments of initial and renewal fees will be sent to the applicant/licensee at the mailing or email address provided. However, if you would like for us to communicate with someone other than the applicant regarding your application, please provide the name and contact information for that person in the "License Information" section. Your named contact person will be permitted to make changes to the application paperwork on your behalf (except Related Party Personal Information Sheet) and we will communicate directly with them regarding any application issues or deficiencies, and you will not be copied by the division with the correspondence. Once the application is approved, all invoices and any subsequent communications will be sent to the mailing address of the licensee.

APPLICATION REQUIREMENTS AND INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Affidavit of Applicant

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant.

Affidavit of Transferor

The affidavit of transferor must be completed for all transfer applications. The affidavit must be signed by the individual applicant, each partner of a general partnership, a general partner of a general partnership of a limited partnership, a managing member, manager, or officer of a limited liability company, each partner of a limited liability partnership, or one of the officers of a corporate applicant that has been disclosed to and approved by the Division. In the case of a transfer pursuant to operation of law or judicial proceedings, the person named in the court order may sign the affidavit of transferor in lieu of a

signature(s) from the division's licensee of record. The application must be accompanied by an original or a certified copy of the court document.

Fingerprints

Note: If you are a current licensee with the Florida Division of Alcoholic Beverages & Tobacco you are not required to submit a new set of fingerprints with your application unless you have been arrested since your prior submission of fingerprints to the division. If you are not a current licensee but have been fingerprinted for this division in the past three (3) years, and you have not been arrested since that time, you are not required to submit new fingerprints unless the prior application was withdrawn or non-consummated. Applicants whose fingerprints are returned to the division as illegible will be required to submit a second set of fingerprints.

Fingerprints must be submitted by each sole proprietor; officers, directors, individual share holders owning more than ½ of 1 percent of stock in non-public corporations; general partners of general partnerships; general partners of a limited partnership; officers, managing members or managers of a limited liability company; partners of a limited liability partnership, and persons directly interested and receiving financial proceeds from the business.

Applicants must use a Livescan vendor that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the department. Costs associated with the fingerprint process will be collected by the vendor. Vendor options and contact information can be viewed at Livescan Device Vendors List ([Livescan Device Vendors List](#)). Please ensure that the Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is provided to the vendor when you submit your fingerprints. The ORI number is FL920150Z. If you do not provide the ORI number, or if you provide an incorrect ORI number to the vendor, the Department of Business and Professional Regulation will not receive your fingerprint results.

Out of State Alcoholic Beverage and Tobacco Applicants only:

Your fingerprint card can be obtained from the Department of Business and Professional Regulation by contacting the Division of Alcoholic Beverages and Tobacco at 850.488.8284, or one of the division's district offices. A listing of the district offices on the web can be found at http://www.myflorida.com/dbpr/abt/district_offices/licensing.html. Out of state applicants must be fingerprinted by a law enforcement agency on cards provided by the division (note: law enforcement agencies may charge for this service). The Division of Alcoholic Beverages and Tobacco has a unique ORI number that is required for processing the fingerprints back to the division, therefore, you must contact one of our offices to make a request for a card to be mailed to you.

Once your fingerprint card is received, you may then go to a local law enforcement office in your area to have your fingerprints rolled onto the card. Other information will be completed at the local law enforcement agency. For all programs, the completed card must be mailed to Pearson VUE at: FLDBPR, Florida Fingerprinting Program, Prints Inc. 119 East Park Avenue, Tallahassee, FL 32301 where the fingerprint card will be scanned. Prior to mailing your fingerprint card, you must complete the following steps in order to make advance payment of \$54.50 (do not send any money to PrintsInk, please follow the procedure below):

OUT OF STATE LIVESCAN FINGERPRINTING REGISTRATION DIRECTIONS with Pearson VUE and or its subcontractor Morpho Trust (formerly known as L-1)

1. Log onto the Pearson VUE website at <https://pearson.ibtfingerprint.com/>
2. Select Continue in English
3. Enter your legal first and last name.
4. Choose your agency from the drop down list
5. Select Pay For Ink Card Submission
6. Complete all of the required demographic information
7. Once you have entered your information select "Send" at the bottom of the page and you will be provided a verification page. You should verify that all the information you provided is correct and that you are being printed for the correct agency.
8. If everything is correct select "Go" at the top of the page and you have completed the entering of the required demographic information.
9. Choose your form of payment the option and then "Select". At this time you will be able to enter either your credit/debit card information, or e-check information.

10. Print the confirmation page. NOTE: you MUST include a copy of the confirmation page in the package with the fingerprint card sent to Prints Ink. Failure to provide the confirmation page may cause a delay in processing your fingerprint card.

PLEASE NOTE: Failure to follow these instructions and make payment will result in your fingerprint card being returned to you and delay the processing of your fingerprints, and therefore, your application. To check on the status of your card, please call 1-800-528-1358 and not PrintsInk.

Related Party Personal Information

This section of the application must be completed by each applicant or person(s) directly connected with the business, unless they are a current licensee. The signature of each person filling out this section of the application must be an original. This will include the sole proprietor, all partners, officers, directors, individual share holders owning more than 1/2 of 1 percent of stock in non-public corporations, all partners of each general partnership, all general partners of a limited partnership, all managing members or managers of a limited liability company, partners of a limited liability partnership, and persons directly interested and receiving financial proceeds from the business. It is important that each individual discloses any arrests they have had within the past 15 years, even if they were charged, but not formally arrested, and regardless of the disposition.

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, and the division will redact the information from any public records request.

Directly/Indirectly Interested Person

A direct interest is created by a person or entity having an interest with the applicant in the business sought to be licensed and, includes but is not limited to:

1. an interest which is created by virtue of the interested party deriving revenue from the sale of alcoholic beverages;
2. a person or entity having the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages, the terms of which, are contrary to 561.17, Florida Statutes, or 61A-3.017, Florida Administrative Code;
3. a person or entity who has a right to a percentage payment from the proceeds of the business pursuant to a lease;
4. a guarantor on a lease or loan;
5. a co-signer on a lease or loan.

An indirect interest includes, but is not limited to, any person or entity that derives revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is specifically exempt by statute or rule.

Note: Direct and indirect interests must be disclosed in the "DISCLOSURE OF INTERESTED PARTIES" section of the application.

Copy of Arrest Disposition

If the applicant answers "yes" to any of the criminal background questions asked in this application, provide a copy of the Arrest Disposition to ensure the applicant is qualified, pursuant to Statute and Rule. **Applicable Statutes and Rule: 561.15 & 561.17, Florida Statutes; and 61A-1.017, Florida Administrative Code.**

Moral Character

The applicant is required to meet the moral character standards to have an interest in an alcoholic beverage license. Any person failing to meet **those standards** shall be required to submit mitigation under the moral character rule in order for the division to determine if the person is qualified. **Applicable Rule: 61A-1.017, Florida Administrative Code.** A copy of the rule and requirements can be found at <https://www.flrules.org/gateway/RuleNo.asp?title=DEFINITIONS&ID=61A-1.017>.

Registration of Legal Entity

All corporations, domestic or foreign; general partnerships; limited liability companies; and limited partnerships are required to be registered with the Florida Department of State, Division of Corporations. If you have not already registered, you will need to contact the Department of State at (850) 488-9000 or www.sunbiz.org for further information. Your application will be considered incomplete without this active registration.

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.

Sketch of Premises

A Florida location address is required, however, a sketch is not necessary if the Florida location is that of a resident agent. A sketch and site inspection is required if the importer/broker/sales agent location is domiciled in Florida. If required, a complete sketch of the premises, drawn in ink or computer generated (letter size) which includes all permanent walls, doors, windows, counters, labeling each room and area. Include any outside areas where alcoholic beverages will be sold, consumed, or served. **Due to the difficulty of scanning, no blueprints are accepted.**

APPLICATION CHECKLIST

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
Initial License as Importer (IMPR)	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent License<input type="checkbox"/> Pay \$125.00 if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Submit a copy of the Arrest Disposition, if applicable<input type="checkbox"/> Submit mitigation for Moral Character, if applicable<input type="checkbox"/> Submit Right of Occupancy
Initial License as Broker Sales Agent (BSA)	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent License<input type="checkbox"/> Pay \$125.00 if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Submit a copy of the Arrest Disposition, if applicable<input type="checkbox"/> Submit mitigation for Moral Character, if applicable<input type="checkbox"/> Submit Right of Occupancy
Transfer of Ownership Importer or Broker Sales Agent	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR ABT-6008 Division of Alcoholic Beverages and Tobacco Application for Importer or Broker Sales Agent License<input type="checkbox"/> Pay \$100.00 if requesting a temporary license (make check payable to the Division of Alcoholic Beverages and Tobacco)<input type="checkbox"/> Submit fingerprint receipt, if applicable<input type="checkbox"/> Submit a copy of the Arrest Disposition, if applicable<input type="checkbox"/> Submit mitigation for Moral Character, if applicable<input type="checkbox"/> Submit Right of Occupancy

**DBPR ABT-6008 – Division of Alcoholic Beverages and Tobacco
Application for Importer or Broker Sales Agent License**

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

**DBPR Form
ABT-6008
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) 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 web site at the link provided below:

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SECTION 1 - CHECK LICENSE CATEGORY			
<input type="checkbox"/> Importer			
<input type="checkbox"/> Broker Sales Agent			
SECTION 2 - CHECK TRANSACTION REQUESTED			
Transaction Type:			
<input type="checkbox"/> Initial Permanent License		Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Transfer of Ownership			
<input type="checkbox"/> Correction			
Complete this section only if this application is for the transfer of an existing license			
Current Business Name:		Current License Number	
Is this transfer due to revocation proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is there any personal relationship to the transferor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the relationship: 			
SECTION 3 - LICENSE 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(s): (This is the name the license will be issued in)			Department of State Document #
Business Name (D/B/A)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Does the applicant entity currently hold any other alcoholic beverage license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information:			
License Number	Series	Type/Class	
Business Name			
Contact Person - This section is optional, see application instructions for details			
Contact Person		Telephone Number ext.	
E-Mail Address			
Mailing Address (Street or P.O. Box)			
City		State	Zip Code

SECTION 4 – RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

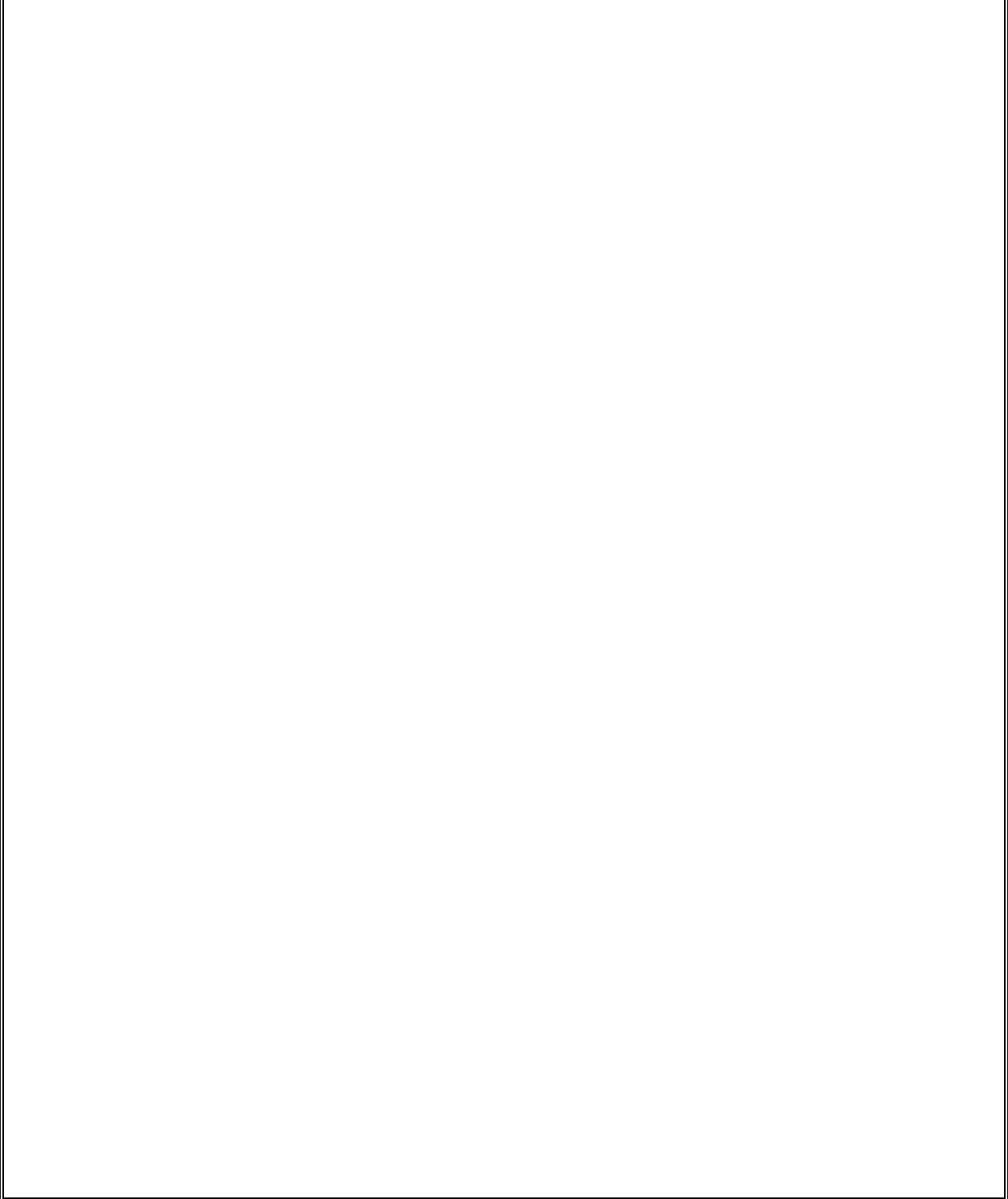
1.	Business Name (D/B/A)					
2.	Full Name of Individual					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
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.					
	Business Name (D/B/A)				License Number	
	Location Address					
6.	Have you 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.					
	Business Name (D/B/A)				Date	
	Location Address					
7.	Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving alcoholic beverages or tobacco products anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business 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?

If applicable, 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 the details of each floor.



SECTION 6 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. **To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.**

Business Name (D/B/A)

1. When applicable, complete the appropriate section below. **Attach extra sheets if necessary.**

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		
GENERAL PARTNERSHIP – List all general partners		
LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
LIMITED PARTNERSHIP – List all general and limited partners.		
LIMITED LIABILITY PARTNERSHIP – List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.

SECTION 7 – APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)

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

(Attach additional sheets if necessary)

**SECTION 8 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A)

"I, the undersigned individually, or on behalf of a legal entity, 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 is a true and correct representation of the entire area and premises to be licensed and acknowledge 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 in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct and that no other person or entity except as indicated herein has an interest in the business and that all of the above listed persons or entities meet the necessary qualifications to be licensed as an Importer, Broker, or Sales Agent."

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: _____

**SECTION 9 - AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED**

Business Name (D/B/A) _____

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF _____

COUNTY OF _____

TRANSFEROR OR AUTHORIZED NAME

TRANSFEROR OR AUTHORIZED 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: _____

ABT District Office Received Date Stamp

SECTION 10- 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.

Business Name (D/B/A)

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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