

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT- 6020  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
APPLICATION FOR COMMON CARRIER LICENSE**

*If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco (AB&T) at (850) 488-8284. Please send your completed application and required fee(s) to:*

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-1021

**GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS**

Please complete all information. All questions are applicable and must be answered fully and truthfully. This application is taken under oath. You must provide an original application with original signatures. You must provide a copy of your schedule or itinerary showing terminals and departure and arrival times.

**License Year**

The license year is October 1 through September 30. The full year fee applies to all licenses issued between October 1 and March 31. Master license fees are prorated to a half-year for licenses issued between April 1 and September 30.

**Fees**

**Series X:** This license series applies to operators of steamship lines, buses and bus lines, airplanes and airlines engaged in interstate or foreign commerce or plying between fixed terminals and upon fixed schedules in Florida.

The Master License fee for this Series is \$1,100 (\$550 if application is submitted between April 1 and September 30).

The 10CC licenses are \$25.00 each regardless of when the licenses are issued.

**Series IX:** This license series applies to operators of railroad or sleeping cars in Florida.

The Master License fee for this series is \$2,500 (\$1,250 if application is submitted between April 1 and September 30).

The 9CC licenses are \$10.00 each regardless of when the licenses are issued.

The application must be accompanied by a check in the amount of the fee for the licenses requested. Make checks payable to the Division of Alcoholic Beverages & Tobacco.

**Contact Person**

All communications regarding your application 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 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 subsequent communications will be sent to the mailing address of the licensee.

**Registration of Legal Entity**

All corporations, domestic or foreign; general partnerships; limited liability companies; limited liability partnerships; 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](http://www.sunbiz.org) for further information. Your application will be considered incomplete without this active registration.

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Initial License for Common Carrier, Series X</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete DBPR ABT-6020 Division of Alcoholic Beverages and Tobacco Application for Common Carrier License</li> <li><input type="checkbox"/> Pay \$1,100 Master License fee if applying for licensure between OCTOBER 1 and MARCH 31 <b>OR</b>; Pay \$550 Master License fee if applying for licensure between APRIL 1 and SEPTEMBER 30. Make check payable to the Division of Alcoholic Beverages &amp; Tobacco.</li> <li><input type="checkbox"/> Include payment of \$25.00 for each steamship, airplane, or bus.</li> <li><input type="checkbox"/> Submit copy of schedule/itinerary.</li> </ul>
<p><b>Initial License for Common Carrier, Series IX</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete DBPR ABT-6020 Division of Alcoholic Beverages and Tobacco Application for Common Carrier License</li> <li><input type="checkbox"/> Pay \$2,500 Master License fee if applying for licensure between OCTOBER 1 and MARCH 31 <b>OR</b>; Pay \$1,250 Master License fee if applying between APRIL 1 and SEPTEMBER 30. Make check payable to the Division of Alcoholic Beverages &amp; Tobacco.</li> <li><input type="checkbox"/> Include payment of \$10.00 for each dining, club, parlor, buffet, or observation car.</li> </ul>

**DBPR ABT-6020 – Division of Alcoholic Beverages and Tobacco  
Application for Common Carrier License**

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

**DBPR Form  
ABT-6020  
Revised 08/2013**

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<b>SECTION 1 - CHECK TRANSACTION REQUESTED</b>	
<input type="checkbox"/> New License for Common Carrier Series X Number of steamships, buses or airplanes in the fleet scheduled for operation in Florida [ <input style="width: 40px;" type="text"/> ]	
<input type="checkbox"/> New License for Common Carrier Series IX Number of dining, club, parlor, buffet or observation cars scheduled for operation in Florida [ <input style="width: 40px;" type="text"/> ]	

<b>SECTION 2 - APPLICANT INFORMATION</b>			
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: (This is the name the license will be issued in)			Department of State Document #
Business Name (D/B/A):			
Name of Florida Airport/Terminal/Port:			
City		County	
Mailing Address (Street or P.O. Box):			
City		State	Zip Code
If you operate buses, steamships or airplanes in Florida, are they engaged in interstate or foreign commerce or operated between fixed terminals and upon fixed schedules? Attach a copy of your schedule or itinerary. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contact Person - This section is optional, see application instructions for details</b>			
Contact Person		Telephone Number ext	
E-Mail Address (Optional)			
Mailing Address (Street or P.O. Box):			
City		State	Zip Code

**SECTION 3 - CORPORATE FELONY CONVICTION**

Business 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.

**SECTION 4 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A) \_\_\_\_\_

"I, the undersigned individually, or if a corporation its authorized representative, hereby swear or affirm that I am duly authorized to make the foregoing application and acknowledge that the steamships, buses or airplanes in addition to the designated central location, 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 laws."

"It is understood that any license issued pursuant to this application authorizes the operators of railroads or sleeping cars, steamships and steamship lines, buses and bus lines, airplanes and airlines, to sell the alcoholic beverages defined in the beverage law to bona fide passengers only and for consumption on the licensed premises only. It is also understood that such sales are permitted while such passenger train, steamships, buses, and airplanes are in transit; but such sales are not permitted on airplanes while they are in airports."

"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 all of the above listed persons or entities meet the qualifications necessary to hold an alcoholic beverage license."

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.

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public