

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6026
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR ALCOHOLIC BEVERAGE EXPORTER REGISTRATION**

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 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

“Exporter” means any person or entity that sells alcoholic beverages to persons or entities for use outside the state and includes a ship’s chandler and a duty free shop.

GENERAL INSTRUCTIONS

All questions are applicable and must be answered fully and truthfully. Do not leave any questions blank. Indicate “N/A” (not applicable) for questions that do not apply.

You must provide an original application and, if required, a copy of all supporting documentation. All signatures must be original.

APPLICATION REQUIREMENTS

Each registered exporter must have within the state an office designated as its principal office and additionally, may maintain branch offices within or outside the state. Access to all business premises, inventories, and records, including all records of transporters, warehouses, and exporters required by the Federal Government must be provided to authorized division employees for the purpose of conducting audits and inventories.

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.

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 for further information. Your application will be considered incomplete without this active registration.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Initial Exporter Registration	<input type="checkbox"/> Complete DBPR ABT-6026 Division of Alcoholic Beverages and Tobacco Application for Alcoholic Beverage Exporter Registration

**DBPR ABT-6026 – Division of Alcoholic Beverages and Tobacco
Application for Alcoholic Beverage Exporter Registration**

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

**DBPR Form
ABT-6026
Revised 08/2013**

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SECTION 1 - TRANSACTION REQUESTED	
Transaction Type: New Registration	

SECTION 2 – 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)				
Principal Office Address (Street and Number)				
City		County		State FL
Zip Code				
Mailing Address (Street or P.O. Box)				
City				State
Zip Code				
Has applicant complied with all federal regulations, including federal permitting regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Person - This section is optional, see application instructions for details				
Contact Person			Telephone Number ext.	
E-Mail Address (Optional)				
Mailing Address (Street or P.O. Box)				
City				State
Zip Code				

DABT Received / Date Stamp

SECTION 3 – RELATED PARTY PERSONAL INFORMATION

All related parties must complete this section.

Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
Name	Social Security Number*	Sex	Date of Birth(mm/dd/yyyy)
Residence Address (city, state, zip code)			
(ATTACH EXTRA SHEETS 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. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

SECTION 4 - COMPANY AFFILIATION

Business Name (D/B/A)		
Have you in the past or presently, individually, or as an affiliate of any legal entity in this state or any other state:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which sells any alcoholic beverages at retail?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. Held stock or had any interest in, affiliated or connected with, directly or indirectly, any business which manufactures, distributes, imports or exports any alcoholic beverages?
If the answer to either of these questions is yes, list full particulars which include business names, cities, states, and dates.		

**SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

"I, the undersigned hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such hereby acknowledge that access must be provided to authorized employees of the division to all business premises, inventories, and records, including all records of transporter, warehouses, and exporters required by the Federal Government for the purpose of conducting audits and inventories.

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 export business and that all of the above listed persons or entities meet the necessary qualifications to register as an exporter."

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: _____