

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6028
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR RETAIL TOBACCO PRODUCTS DEALER PERMIT**

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

This form is to be used when an applicant is applying for a Retail Tobacco Products Dealer Permit only. You may apply for multiple permits using this form. Please complete all information. A check or money order made payable to the Division of Alcoholic Beverages & Tobacco in the amount of \$50 must be submitted for each permit requested.

This permit may not transfer ownership and may not change its location. If you desire to change the location, you must apply for a new permit.

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

A permit is required for each place of business where cigarettes, tobacco products, and cigars are sold at retail. In section 4 of the application you may apply for multiple permits. Once the application is approved, the permit(s) will be sent to the mailing address indicated on the application.

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.

Related Party Personal Information

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 stock in non-public corporations, all partners of each general partnership, all general partners of a limited partnership, a managing member or manager of a limited liability company, and persons directly interested and receiving financial proceeds from the business. It is important that each individual discloses any arrests they have had as they relate to 210.15, Florida Statutes, even if they were charged, but not formally arrested, and regardless of the disposition. The statute can be found at:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0210/Sections/0210.15.html

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.

Directly Interested Person

A direct interest is 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 license;
2. a person or entity who has a right to a percentage payment from the proceeds of the business, either by lease or otherwise. These persons must be disclosed in the “DISCLOSURE OF INTERESTED PARTIES” section of the application.

Affidavit of Applicant

Read and sign in the presence of a notary. 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.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Retail Tobacco Products Dealer Permit	<input type="checkbox"/> Complete DBPR ABT-6028 Division of Alcoholic Beverages and Tobacco Application for Retail Tobacco Products Dealer Permit <input type="checkbox"/> Pay \$50 fee for each permit requested (make check payable to the Division of Alcoholic Beverages & Tobacco)

**DBPR ABT-6028 – Division of Alcoholic Beverages and Tobacco
Application for Retail Tobacco Products Dealer Permit**

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

**DBPR Form
ABT-6028
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:

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Change to Legal Entity
	<input type="checkbox"/> Change to Related Parties
	<input type="checkbox"/> Change of Business Name (only in connection with above)
SECTION 2 - CHECK TYPE OF SALES	
<input type="checkbox"/> Vending Machine Sales	
<input type="checkbox"/> Over the Counter Sales	
<input type="checkbox"/> Internet	Web Site Address
<input type="checkbox"/> Mobile	VIN #:
<input type="checkbox"/> Pipes Only	

SECTION 3 - APPLICANT 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: (This is the name the license(s) will be issued (in)		Department of State Document #
Business Mailing Address		
City	State	Zip Code
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

ABT District Office Received / Date Stamp

SECTION 4 - PERMIT INFORMATION

Note: If this application is for a change to an existing permit holder, please enter the permit number(s) in the space provided, otherwise leave blank. If the application is for a new permit(s), all other information is required.

Full Name of Applicant

Is there an alcoholic beverage license issued at this location? Yes No
If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City	County	State FL	Zip Code
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Is there an alcoholic beverage license issued at this location? Yes No
If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City	County	State FL	Zip Code
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Is there an alcoholic beverage license issued at this location? Yes No
If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City	County	State FL	Zip Code
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Is there an alcoholic beverage license issued at this location? Yes No
If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City	County	State FL	Zip Code
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Is there an alcoholic beverage license issued at this location? Yes No
If yes, list alcoholic beverage license number:

Business Name (D/B/A)

Location Address (Street and Number)

City	County	State FL	Zip Code
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(ATTACH ADDITIONAL SHEETS AS NECESSARY)

SECTION 5 – RELATED PARTY PERSONAL INFORMATION

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

	Full Name of Applicant				
1	Full Name of Individual				
	Social Security Number*			Home Telephone Number	Date of Birth
	Race	Sex	Height	Weight	Eye Color
2	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:				
3	Home Address (Street and Number)				
	City			State	Zip Code
4	Have you, as an individual or as a principal of an entity, had a permit revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permit Number	
5	Have you ever been adjudicated as owing \$500 or more in delinquent cigarette taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6	Have you ever been convicted of selling stolen or counterfeit cigarettes, receiving stolen cigarettes, or being involved in the counterfeiting of cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7	Have you been convicted within the past 5 years of any offense against the cigarette laws of this state or convicted in this state, any other state, or the United States during the past 5 years of any offense designated as a felony by such state or the United States, or to a corporation, any of whose officers have been so convicted. The term "convicted" shall include an adjudication of guilt on a plea of guilty or a plea of nolo contendere, or the forfeiture of a bond when charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8	Have you ever imported, or caused to be imported, into the United States any cigarette in violation of 19 U.S.C. s. 1681a? <input type="checkbox"/> Yes <input type="checkbox"/> No				

9 Have you imported, or caused to be imported, into the United States, or manufactured for sale or distribution in the United States, any cigarette that does not fully comply with the Federal Cigarette Labeling and Advertising Act (15 U.S.C. ss. 1331 et seq.)?
 Yes No

If you answered yes to any of the above questions 4-9, provide the specifics on a separate sheet of paper and a copy of the Arrest Disposition.

NOTARIZATION STATEMENT

"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 the Disclosure of Interested Parties of this application. I further swear or affirm that to the best of my knowledge the foregoing information is true and correct."

STATE OF _____

COUNTY OF _____

 APPLICANT NAME

 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed before me this _____ Day
 of _____, 20_____, By _____ who is () personally
 (print name of person making statement)
 known to me OR () who produced _____ as identification.

 Notary Public Commission Expires: _____

(ATTACH ADDITIONAL COPIES 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 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.**

Full Name of Applicant

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

Title/Position	Name	Stock %
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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

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 derive revenue from the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 retail tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Are there any persons or entities not disclosed who have guaranteed or co-signed a loan?	<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.

**SECTION 7 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Full Name of Applicant _____

"I hereby swear or affirm that I am duly authorized to make this affidavit and, as such, I hereby swear or affirm under penalty of perjury as provided for in Sections 559.791 and 837.06, Florida Statutes, that all of the persons named in this application are not less than eighteen (18) years of age and are qualified for issuance of a Retail Tobacco Products Dealer Permit. I understand that when the permit is issued, the place or premises covered by the permit is subject to inspection and search without a search warrant by the division or its authorized employees, sheriffs, deputy sheriffs or police officers to determine compliance with Chapter 210 and 569, Florida Statutes. I further swear or affirm that to the best of my knowledge the foregoing information is true and correct."

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 8 - CURRENT PERMITTEE UPDATE DATA SHEET

This section is to be completed for all **current** retail tobacco product dealer permit holders listed on the application to ensure the most up to date information is captured.

Full Name of Applicant

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
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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.
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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.
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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
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