

DBPR ABT-6003 – Division Of Alcoholic Beverages and Tobacco Application for One/Two/Three Day Permits or Special Sales License

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

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 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	
Transaction Type:	
<input type="checkbox"/> One/Two/Three Day Permit	<input type="checkbox"/> Special Sales License

SECTION 2 – LICENSE INFORMATION			
Full Name of Entity or Organization (If this is a corporation or other legal entity, enter the name as registered with the Secretary of State)			
Corporation Charter Number (if applicable)		FEI Number (if applicable)	
Business Name or Name of Event			
Location of Event (Street and Number)			
City	County	State	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
Contact Person		Phone Number	
Date(s) Permit Desired			

SECTION 3 – SALES TAX TO BE COMPLETED BY THE DEPARTMENT OF REVENUE	
Name of Entity or Organization	
The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due.	
Signed _____	Date _____
Title _____	
Department of Revenue Stamp:	

SECTION 4 - ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION	
Organization Name/Name of Event	
Location of Event (Street and Number)	
City	County
The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day permit, or Special Sales License.	
Signed _____	Date _____
Title _____	

**SECTION 5 - AFFIDAVIT OF APPLICANT
FOR NON-PROFIT CIVIC ORGANIZATION ALCOHOLIC BEVERAGE PERMIT**

NOTARIZATION REQUIRED

Name of Entity or Organization _____

"This is to certify that the applicant requesting the permit in the above and foregoing application is a non-profit civic organization and that the permit, if used, will be used only by the organization making application, on the date(s) requested and at the location stated. This is to further certify that the applicant organization has not received more than three (3) permits within the calendar year and agree that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the alcoholic beverage laws.

I, the undersigned individual, hereby swear or affirm that I am duly authorized to make the above and foregoing statements on behalf of the applicant organization. Furthermore, 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 to the best of my knowledge."

STATE OF _____

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 6 - AFFIDAVIT OF APPLICANT
FOR SPECIAL SALES LICENSE**

NOTARIZATION REQUIRED

Name of Entity or Organization _____

"I, the undersigned individual, 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 for a special sales license which authorizes the sale of alcoholic beverages for period of up to three (3) days. I understand this license does not permit the sale of alcoholic beverages for consumption on the premises and only allows package sales in sealed containers and agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverages laws.

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the special sales license and that all of the above listed persons or entities meet the qualifications necessary to hold this special sales license."

STATE OF _____

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.

Commission Expires: _____

Notary Public

This form is to be completed ONLY when the event of the non profit organization is being held at a location that is licensed for the sale of alcoholic beverages by the Division.

Note: This form must be signed by the permanent license holder and submitted by the non-profit group along with the application for One/Two/Three Day Permit.

Licensee:

Business Name:

License #

Series:

Name of Non-Profit Group:

Date(s) of Event:

I M P O R T A N T

A One/Two/Three Day permit is being requested for an event to be held on your licensed premises. During the event, no sales or service of alcoholic beverages may be made under your alcoholic beverage license. Failure to comply will result in administrative charges being filed against your license.

Signature of Licensee