

**INSTRUCTIONS FOR COMPLETING
DBPR ABT- 6032
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
SURETY BOND FORM**

Application begins on page 4

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local Auditing District Office. Please submit your completed form and required information to your local Auditing District Office at the address listed below.

AB&T Auditing District Offices

Pensacola

4900 Bayou Blvd., Suite 210
Pensacola, Florida 32505- 2518
(850) 494-5958
*Counties: Escambia-Holmes-
Okaloosa-Santa Rosa-Walton-
Washington*

Orlando

400 W. Robinson St., Suite N402
Orlando, Florida 32801- 1700
(407) 245-0765
*Counties: Brevard-Citrus-Flagler-
Indian River-Lake-Levy-Marion-
Orange-Osceola-Seminole-Sumter-
Volusia*

Fort Lauderdale

5080 Coconut Creek Pkwy, Suite B
Margate, Florida 33063- 3942
(954) 917-1352
*Counties: Broward-Charlotte-
Collier-Glades-Hendry-Lee-Martin-
Okeechobee-Palm Beach-St. Lucie*

Tallahassee

1940 N. Monroe Street
Tallahassee, Florida 32399- 1026
(850) 922-2288
*Counties: Bay-Calhoun-Dixie-
Franklin-Gadsden-Gulf-Jackson-
Jefferson-Lafayette-Leon-Liberty-
Madison-Taylor-Wakulla*

Tampa

1313 N. Tampa St., Suite 909
Tampa, Florida 33602- 3303
(813) 272-2613
*Counties: Desoto-Hardee-
Hernando-Highlands-Hillsborough-
Manatee-Pasco-Pinellas-Polk-
Sarasota*

Miami

8685 N.W. 53rd Terrace, Suite 111
Miami, FL 33166- 4528
(305) 470-5044
Counties: Dade-Monroe

Jacksonville

7960 Arlington Expwy., Suite 601
Jacksonville, Florida 32211- 7470
(904) 727-5554
*Counties: Alachua-Baker-Bradford-
Clay-Columbia-Duval-Gilchrist-
Hamilton-Nassau-Putnam-St.
Johns-Suwannee-Union*

GENERAL INSTRUCTIONS

1. The application must be filed in duplicate and typed or neatly printed in ink.
2. All questions must be answered completely. If a question is not applicable, it is to be marked with the letters "N/A." Incomplete applications will not be reviewed.
3. This application is a sworn document and must be signed by all persons listed.

APPLICATION REQUIREMENTS

1. A separate bond must be submitted for each type of license or permit. See "Bonding and Tax Reporting Requirements" below for a description of each.

2. All bond forms are to be filed with the appropriate District Licensing Office when submitting a completed application for a license or permit. Pursuant to Florida Statutes, a surety bond is required by all manufacturers and distributors of alcoholic beverages (Sections 561.37, 561.371, and 562.25), all distributing agents and wholesale distributors of cigarettes (Sections 210.05(3)(b) and 210.08), and all wholesale distributors of tobacco products (Section 210.40) prior to the application approval.
3. A properly certified copy of the Surety Agent's Power of Attorney must be included with this form.

BONDING AND TAX REPORTING REQUIREMENTS

1. Bonds


<u>Class</u>	<u>Type</u>	<u>Series</u>	<u>Products</u>	<u>Amount</u>	<u>Statute</u>
ALCOHOLIC BEVERAGES:	Manufacturer	CMB	Malt Beverages (Beer)	\$20,000	561.37, F.S.
		AMW	Wine (only)	5,000	561.37, F.S.
		BMWC	Wine and Cordials	5,000	561.37, F.S.
		DD	Distilled Spirits (Liquor)	25,000	561.37, F.S.
		ERB	Rectify and/or Blend	25,000	561.37, F.S.
	Distributor	JDBW	Beer and/or Wine	25,000	561.37, F.S.
		/EDB	Beer, Wine, and Liquor	100,000	561.371, F.S.
	KLD/KLD2				
	Importers	IMP	Beer, Wine, and Liquor	-0-	Possession Prohibited
CIGARETTES:	Brokers or Sales Agents	BSA	Beer, Wine, and Liquor	-0-	Possession Prohibited
	Bonded Warehouse	(*)	Beer, Wine, and Liquor	5,000	562.25, F.S.
	Distributor	(1) CWD	Tax-paid (Only)	\$1,000	210.08, F.S.
		(2) CWD	Stamping Agent (Cash)	10,000	210.08, F.S.
		(3) CWD	Stamping Agent (Charge)	Unlimited	210.05(3)(b), F.S.
TOBACCO PRODUCTS:	Distributing Agent	CDA	Public Warehousing	10,000	210.08, F.S.
	Distributor	TWD	Pipe Tobacco, Chewing Tobacco, and Snuff	Unlimited	210.40, F.S.

Note: No license or permit can be issued without a properly executed surety bond. If said bond becomes expired or cancelled, the licensee or permittee is enjoined from further transactions.

2. Monthly Reports

Pursuant to Florida Statutes, a monthly report is required by all manufacturers, distributors, importers, brokers, and sales agents of alcoholic beverages (Section 561.55), all distributing agents and wholesale distributors of cigarettes (Section 210.09), and wholesale distributors of tobacco products (Section 210.55), showing all product activity and remitting payment of any and all excise taxes due for the previous month. All reports are to be filed with the appropriate District Auditing Office (listed above) on or before the tenth day of the month following the month for which the report is made.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Surety Bond Form 	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR ABT-6032 – Division of Alcoholic Beverages and Tobacco Surety Bond Form<input type="checkbox"/> Properly certified copy of the Surety Agent's Power of Attorney

DBPR ABT-6032 – Division of Alcoholic Beverages and Tobacco Surety Bond Form



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

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395. Please submit your completed form and required information to your local Auditing District Office at the address listed in the instruction sheet.

SECTION 1 – BOND INFORMATION		
Bond Number	Bond Amount	
Please Check One:		
Alcoholic Beverages	Cigarettes	Tobacco Products
<input type="checkbox"/> _____ Manufacturer	<input type="checkbox"/> Tax-paid Distributor	<input type="checkbox"/> Distributor
<input type="checkbox"/> JDBW Distributor	<input type="checkbox"/> Stamping Distributor-Cash	
<input type="checkbox"/> KLD Distributor	<input type="checkbox"/> Stamping Distributor-Charge	
<input type="checkbox"/> Bonded Warehouse	<input type="checkbox"/> Distributing Agent	
	<input type="checkbox"/> Exporter	

SECTION 2 – APPLICANT INFORMATION		
Name _____	d.b.a. _____	License Number _____
(As it appears on application, license or permit)	(Trade Name (D/B/A))	(If Applicable)
doing business in _____ County, State of _____,		
As Principal, and _____ of _____		
(Name of Licensed Surety Company) (Street or P.O. Box)		
City _____	State _____	Zip Code _____
As Surety are bound to the State of Florida as of _____, Yr. _____		
in the amount of \$ _____ for which we bind ourselves, our heirs, personal representatives, successors and assigns, jointly and severally. The condition of this bond is that, if the Principal shall account for and pay over promptly to the Division of Alcoholic Beverages and Tobacco all money due or which shall become due the State of Florida for taxes due on the Principal's operations and shall otherwise comply with the provisions of the:		
Check one:		
<input type="checkbox"/> Beverage Laws (Chapters 561-568, F.S.)		
<input type="checkbox"/> Cigarette Laws (Chapter 210, F.S., Part I)		
<input type="checkbox"/> Tobacco Product Laws (Chapter 210, F.S., Part II)		
of the State of Florida, then this obligation shall be void; otherwise, it shall remain in full force and effect.		

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be cancelled and discontinued by giving sixty days notice in writing to the Division of Alcoholic Beverages and Tobacco, and this bond shall be deemed cancelled at the expiration of said sixty days, the said Surety remaining liable for all or any act or acts covered by this bond which may have been committed by the Principal up to the date of cancellation, under the terms, conditions, and provisions of this bond.

Signed and Sealed on: _____

(Name of Applicant)

(Name of Surety Company)

(Signature of Principal/Applicant)

(Signature and Office for Surety)

**AB&T USE ONLY
AUDIT APPROVAL**

D.O. _____ / ____ / ____

C.O. _____ / ____ / ____