

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
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 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.state.fl.us/dbpr/abt/contact/index.shtml>

SECTION 1 -- CHECK TRANSACTION REQUESTED

Transaction Type:

☐ One/Two/Three Day Permit

☐ 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)

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.	
Signed _____ Date _____	
Title _____	

NOTARIZATION REQUIRED

"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.

APPLICANT SIGNATURE

APPLICANT SIGNATURE

who is () personally known to me OR () who produced _____ as identification.

Notary Public

NOTARIZATION REQUIRED

"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.

APPLICANT SIGNATURE

APPLICANT SIGNATURE

who is () personally known to me OR () who produced _____ as identification.

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