

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6036  
DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO  
ELECTION OF SURCHARGE CALCULATION METHOD AND  
INVENTORY REPORT FORM**

**Application begins on page 3**

*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 32503-2518  
(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-Collier-  
Hendry-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 914  
Tampa, Florida 33602-3303  
(813) 272-2613  
*Counties: Charlotte-Desoto-  
Glades-Hardee-Hernando-  
Highlands-Hillsborough-Lee-  
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*

This form is used for vendors licensed under the beverage law to sell alcoholic beverages at retail and for consumption on the premises, to select a method of calculation for the payment of their surcharge.

**GENERAL INSTRUCTIONS**

Please complete all information. Incomplete applications will not be reviewed. All questions are applicable and must be answered fully and truthfully.

You must provide an original and a copy of the application. All signatures must be original.

### **APPLICATION REQUIREMENTS**

This form should be submitted as part of an the initial application packet for vendors licensed under the beverage law to sell alcoholic beverages at retail and for consumption on the premises.

### **APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Select Surcharge Payment Method</b>	<input type="checkbox"/> Complete DBPR ABT-6036 Division of Alcoholic Beverages and Tobacco Election of Surcharge Calculation Method and Inventory Report form <input type="checkbox"/> Submit this form as part of your application packet

**DBPR ABT-6036 – Division of Alcoholic Beverages and Tobacco Election of Surcharge  
Calculation Method And Inventory Report Form**



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

**NOTE: This form must be submitted as part of an  
application packet**

*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 in  
the instructions.*

**SECTION 1 – APPLICATION TYPE**

**This application is for a:**

- ☐ New License ☐ Change of Method  
☐ Transfer of a License  
☐ Nonprofit Organization Permit

**SECTION 2 – SURCHARGE PAYMENT METHOD**

I hereby elect to pay future surcharges based on the:

- ☐ Purchases Method ☐ Sales Method

**SECTION 3 – APPLICANT INFORMATION**

Full Name of Applicant

Business Name

Alcoholic Beverage License Number

Series

Mailing Address

City

State

Zip Code

Location Address

City

State

Zip Code

Contact Person

Business Phone Number

Home Phone Number

**APPLICANT SIGNATURE**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION 4 – LICENSE TRANSFERS ONLY**

Former Applicant Name

Business Name

Alcoholic Beverage License Number

Series

Former Owner Certifies that the

☐ Purchases Method    ☐ Sales Methodwas used to calculate the beverage surcharge and that all surcharges have been paid as of \_\_\_\_\_.  
Date

New owner and former owner certify that the following inventory is being transferred for consumption on the premises:

*(Enter Number Here)* Gallons of Draft Beer

Gallons of Packaged Beer

Gallons of Coolers

Gallons of Cider

Gallons of Wine

Gallons of Liquor

**FORMER AND NEW OWNER SIGNATURES**\_\_\_\_\_  
Signature of Former Owner\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of New Owner/Applicant\_\_\_\_\_  
Date