

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6022
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR MORTGAGEE'S INTEREST IN SPIRITUOUS ALCOHOLIC BEVERAGE LICENSE**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, at (850) 488-8284. Please send your completed application and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-1021

GENERAL INSTRUCTIONS

You must submit this application along with your payment.
Please complete all information. All questions are applicable and must be answered fully and truthfully.

Contact Person

All communications regarding your application will be sent to the secured party at the mailing or email address provided. However, if you would like for us to communicate with someone other than the secured party regarding your application, please provide the name and contact information for that person in the space provided. Your named contact person will be permitted to make changes to the application paperwork on your behalf 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, any subsequent communications will be sent to the mailing address of the licensee.

APPLICATION REQUIREMENTS

Pursuant to Section 561.65, Florida Statutes, a lien may only be recorded against a spirituous (liquor) license. The lien must be submitted to the Division of Alcoholic Beverages and Tobacco within 90 days of the creation of the lien or security interest. When a lien is accepted or rejected, written notification will be sent advising you accordingly. The processing time for lien recordings varies by each application.

A SEPARATE FORM MUST BE COMPLETED FOR EACH LICENSE YOU ARE RECORDING A LIEN ACTION AGAINST.

Lien Recordings

1. Enclose a filing fee of **\$10 per lien, per license**. Please make checks payable to the Division of Alcoholic Beverages & Tobacco.
2. Complete all sections. Section 8 must be signed by the person pledging the license as collateral (debtor) **and** the secured party.

Lien Assignments/Assumptions

1. Enclose a filing fee of **\$10 per lien, per license**. Please make checks payable to the Division of Alcoholic Beverages & Tobacco.
2. Complete all sections. Section 7 must be signed by the person(s) assigning the lien and Section 8 must be signed by the person pledging the license as collateral (debtor) **and** the secured party.

Lien Renewals or Extensions

All liens expire 5 years after recordation unless renewed by the lien holder within 6 months prior to its expiration date.

1. Enclose a filing fee of **\$10 per lien, per license**. Please make checks payable to the Division of Alcoholic Beverages & Tobacco.
2. Complete all applicable sections. Section 8 must be signed by the secured party.

Lien Modification or Amendment

1. Enclose a filing fee of **\$10 per lien, per license**. Please make checks payable to the Division of Alcoholic Beverages & Tobacco.
2. Complete all applicable sections. Section 8 must be signed by the person pledging the license as collateral (debtor) **and** the secured party.

Lien Satisfactions

1. Enclose a filing fee of **\$10 per lien, per license**. Please make checks payable to the Division of Alcoholic Beverages & Tobacco.
2. This form may be used for the satisfaction of a lien, however, a satisfaction may be accomplished in letter form over the signature of the secured party. The letter must specifically identify the license number and the lien which is being satisfied.
3. If the lien satisfaction is submitted in letter form, it must be sent to the Division of Alcoholic Beverages and Tobacco at the above address. Include "ATTN: Lien Recording Section" on your mailing envelope.

APPLICATION CHECKLIST

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p>Lien Recordings (New Lien)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6022 Division of Alcoholic Beverages and Tobacco Application for Mortgagee's Interest in Spirituous Alcoholic Beverage License form <input type="checkbox"/> Pay \$10 fee (make check payable to the Division of Alcoholic Beverages and Tobacco)
<p>Lien Assignment/Assumption</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6022 Division of Alcoholic Beverages and Tobacco Application for Mortgagee's Interest in Spirituous Alcoholic Beverage License form <input type="checkbox"/> Pay \$10 fee (make check payable to the Division of Alcoholic Beverages and Tobacco)
<p>Lien Renewal/Extension</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6022 Division of Alcoholic Beverages and Tobacco Application for Mortgagee's Interest in Spirituous Alcoholic Beverage License form <input type="checkbox"/> Pay \$10 fee, per lien, per license (make checks payable to the Division of Alcoholic Beverages and Tobacco)
<p>Lien Modification/Amendment</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ABT-6022 Division of Alcoholic Beverages and Tobacco Application for Mortgagee's Interest in Spirituous Alcoholic Beverage License form <input type="checkbox"/> Pay \$10 fee, per lien, per license (make checks payable to the Division of Alcoholic Beverages and Tobacco)

**DBPR ABT-6022 – Division of Alcoholic Beverages and Tobacco
Application for Mortgagee's Interest in Spirituous Alcoholic Beverage License**

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

**DBPR Form
ABT-6022
Revised 07/2013**

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SECTION 1 - CHECK TRANSACTION REQUESTED

Transaction Type:

- Lien Recordings (New Lien)
- Lien Assignment/Assumption
- Lien Renewal/Extension
- Lien Modification/Amendment

SECTION 2 – DEBTOR(S) INFORMATION

Full Name of Debtor (Licensee)

Mailing Address

City

State

Zip Code

Full Name of Debtor (Licensee, if partnership)

Mailing Address

City

State

Zip Code

SECTION 3 – SECURED PARTY(S) INFORMATION

Full Name of Secured Party (Lender)

Mailing Address

City

State

Zip Code

Full Name of Secured Party (Lender, if more than one person or entity)

Mailing Address

City

State

Zip Code

Contact Person

Telephone Number

ext.

E-Mail Address (Optional)

SECTION 4 - 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

SECTION 5 - PAYMENT INFORMATION

Check/Money Order Number:

Lien Account Number (If Applicable):

SECTION 6 - TERMS OF SECURITY AGREEMENT

Alcoholic Beverage License must be specifically pledged by number in the space provided. Provide full description of terms of obligation: **e.g.** \$50,000 for 10 years beginning on January 1, 2013 and ending December 31, 2023 with interest at rate of 16% per annum. Payable in equal monthly installments of \$483.34. Attach additional pages as necessary.

Alcoholic Beverage License Number Pledged BEV	Effective date of Security Interest	Amount of Lien
Terms of Obligation		

SECTION 7 - Lien Assignment or Assumption

Print or Type Name of Assignor	Signature of Assignor
Print or Type Name of Assignor (if more than one)	Signature of Assignor (if more than one)

STATE OF _____ COUNTY OF _____

The foregoing was Acknowledged Before me this _____ Day
of _____, 20____, By _____ who is ()
(print name of person(s) making statement)
personally known to me OR () who produced _____ as identification.

Notary Public Commission Expires: _____

**SECTION 8 – SIGNATURE OF DEBTOR AND SECURED PARTY REQUIRED
NOTARIZATION REQUIRED**

Signature of Debtor

Print Name of Person signing as Debtor

Signature of Debtor

Print Name of Person signing as Debtor

STATE OF _____

COUNTY OF _____

The foregoing was Acknowledged 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: _____

Signature(s) of Secured Party

Print Name of Person(s) signing as Secured Party

Signature(s) of Secured Party

Print Name of Person(s) signing as Secured Party

STATE OF _____

COUNTY OF _____

The foregoing was Acknowledged 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: _____

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE

Rejected
Reason:

Accepted

Date _____ Signature _____

Received Date Stamp