

FORM DBPR ABT – 6027
APPLICATION FOR INACTIVE STATUS OR WAIVER OF ACTIVE OPERATION REQUIREMENTS
FOR QUOTA ALCOHOLIC BEVERAGE LICENSES
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO

FORM DBPR ABT – 6027 IS REQUIRED TO:

- Notify the Division of the inactive status of a quota alcoholic beverage license (Section 3A);
- Elect a one-time, automatic waiver of the active operation requirements for a quota alcoholic beverage license not to exceed 12 months (Section 3B); or
- Request a conditional waiver of the active operation requirements for a quota alcoholic beverage license not to exceed 12 months (Section 3C).

FORM DBPR ABT – 6027 CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
<p>Inactive Status or Waiver of Active Operation Requirements for Quota Alcoholic Beverage Licenses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> APPLICATION FORM DBPR ABT - 6027 <ul style="list-style-type: none"> <input type="checkbox"/> Choose an option for inactive status or waiver of active operation requirements in Section 2. Complete Section 3A, 3B, or 3C as applicable based on the option selected. <input type="checkbox"/> Complete Sections 1, 2 and 4. <input type="checkbox"/> Obtain Notarization for Applicant Affidavit in Section 4. <input type="checkbox"/> APPLICATION ATTACHMENTS OR OTHER RECORDS <ul style="list-style-type: none"> <input type="checkbox"/> For conditional waiver, attach and include records demonstrating the condition selected on the application form. <input type="checkbox"/> APPLICATION FEE <ul style="list-style-type: none"> <input type="checkbox"/> Form DBPR ABT - 6027 does not require an application fee for Section 3A, 3B, or 3C. Note that a fee for change of location may apply in a future transaction if the license subsequently returns to active status at a location different from the physical place of business from which the license enters inactive status through this application.

GENERAL INSTRUCTIONS

TO PREPARE FORM DBPR ABT – 6027:

Prepare Form DBPR ABT – 6027 by completing all fields in the form. If a question on the form is not applicable, please insert "N/A." The form must be signed by the licensee(s) of record on file with the Division.

TO SUBMIT FORM DBPR ABT – 6027:

File an original and complete application with the Division by mail or by hand delivery at the Division's District Office serving the location of the licensed premise address. District Office contact information is available at:

http://www.myfloridalicense.com/dbpr/abt/district_offices/licensing.html

SECTION 1: APPLICANT INFORMATION			
Full Name of Applicant For a corporation or other legal entity, enter the name as registered with the Florida Department of State Division of Corporations.			
Business Name (D/B/A)			
Quota Alcoholic Beverage License Number		County Location of License	
Current License Location Address If the license is currently inactive or a business location for the license has not been declared since the initial acquisition of the license, please insert "Inactive" in this field.			
Street Address	City	State	Zip Code
Contact Information for Licensee of Record			
Street Address	City	State	Zip Code
Telephone Number		E-mail Address	

SECTION 2: APPLICANT ACKNOWLEDGEMENT OF LICENSE REQUIREMENTS	
PLEASE SELECT WHICH PROVISION OF THE FLORIDA BEVERAGE LAW BELOW APPLIES TO THE QUOTA ALCOHOLIC BEVERAGE LICENSE IDENTIFIED ON THIS FORM BASED ON THE DATE OF ISSUANCE OF THE LICENSE. TO VERIFY THE APPLICABLE PROVISION, PLEASE CONTACT LICENSING STAFF AT THE DIVISION FOR ASSISTANCE.	
APPLICANT INITIALS _____	This license was issued or transferred to the applicant entity on or before September 30, 1988. Therefore, as provided in Section 561.29(1)(h), Florida Statutes, failure to maintain the licensed premises in an active manner in which the licensed premises are open for the bona fide sale of authorized alcoholic beverages during regular business hours of at least six (6) hours a day for a period of 120 days or more during any 12-month period may result in this license being revoked or suspended by the Division.
APPLICANT INITIALS _____	This license was issued or transferred to the applicant entity after September 30, 1988. Therefore, as provided in Section 561.29(1)(i), Florida Statutes, failure to maintain the licensed premises in an active manner in which the licensed premises are open for the bona fide sale of authorized alcoholic beverages during regular business hours of at least eight (8) hours a day for a period of 210 days or more during any 12-month period may result in this license being revoked or suspended by the Division.

SECTION 3: INACTIVE STATUS OR WAIVER OF ACTIVE OPERATION REQUIREMENTS	
REVIEW THE OPTIONS FOR INACTIVE STATUS (3A) OR WAIVER OF ACTIVE OPERATION REQUIREMENTS (3B or 3C). CHOOSE THE OPTION APPLICABLE TO THIS LICENSE TRANSACTION. APPLICANTS MAY SELECT ONLY ONE OPTION IN SECTION 3.	
SECTION 3A: NOTIFICATION OF INACTIVE STATUS	
NOTE: NOTIFICATION OF INACTIVE STATUS PURSUANT TO THIS SECTION WILL NOT WAIVE THE ACTIVE OPERATION REQUIREMENTS APPLICABLE TO THIS LICENSE DURING ANY 12-MONTH PERIOD.	
APPLICANT INITIALS _____	By filing this Form DBPR ABT - 6027, I hereby request the Division of Alcoholic Beverages and Tobacco to reflect the status of the license identified on this form as Inactive until I notify the Division otherwise. I understand that the license will remain subject to the active operation requirements pursuant to section 561.29, Florida Statutes.
Anticipated Inactive Status Period Insert the number of days the license is anticipated to be held in an inactive status. In order to maintain compliance with the Florida Beverage Law, the inactive period of the license may not extend beyond 155 continuous days in any 12-month period (or beyond 245 continuous days in any 12-month period if the license was initially issued or transferred to the applicant entity on or before September 30, 1988), unless the active operation requirements of the license are waived by the Division upon request of the licensee.	

SECTION 3B: ONE-TIME, AUTOMATIC WAIVER OF ACTIVE OPERATION REQUIREMENTS	
NOTE: A ONE-TIME WAIVER OF THE ACTIVE OPERATION REQUIREMENTS OF THE LICENSE MAY NOT EXCEED 12 MONTHS.	
APPLICANT INITIALS _____	By filing this Form DBPR ABT - 6027, I hereby request the Division of Alcoholic Beverages and Tobacco grant a one-time, automatic waiver of the active operation requirements of the license identified on this form for a period not to exceed 12 months. I understand that during this period of waiver, the license will be reflected as Inactive in the Division's records until I notify the Division otherwise. By exercising this one-time waiver, I understand that the license will not be eligible for additional automatic waivers while the license is held by the current licensee(s) of record on file with the Division.
Requested Waiver Period Insert the number of days of the period of waiver requested by this application. Pursuant to the Florida Beverage Law, the requested waiver period may not exceed 12 months.	

SECTION 3C: CONDITIONAL WAIVER OF ACTIVE OPERATION REQUIREMENTS	
NOTE: A CONDITIONAL WAIVER OF THE ACTIVE OPERATION REQUIREMENTS OF THE LICENSE MAY NOT EXCEED 12 MONTHS. ADDITIONAL DOCUMENTATION IS REQUIRED TO SUBSTANTIATE THE CONDITION SELECTED BELOW.	
APPLICANT INITIALS _____	By filing this Form DBPR ABT - 6027, I hereby request the Division of Alcoholic Beverages and Tobacco to grant a conditional waiver of the active operation requirements of the license identified on this form for a period not to exceed 12 months. I understand that during this period of waiver, the license will be reflected as Inactive in the Division's records until I notify the Division otherwise.
Reason for Conditional Waiver The conditions for which the Division is authorized to waive the operation requirements of the license are listed below. Please select the condition applicable to this license and the waiver requested by this form.	
_____	The licensed premises has been physically damaged to such an extent that active operation of the business at the premises is impracticable.
_____	Construction or remodeling is underway to relocate the license to another location.
_____	The licensed premises is prohibited from making sales as the result of an order of a court of competent jurisdiction, or the action or inaction of a governmental entity relating to the permitting, construction, or occupational capacity of the physical location of the licensed premises.
Requested Waiver Period Insert the number of days of the period of waiver requested by this application. Pursuant to the Florida Beverage Law, the requested waiver period may not exceed 12 months.	
Records Provided to Substantiate Condition for Waiver Please describe the records attached and included with this form that serve to substantiate the condition forming the basis for this request for waiver.	

**SECTION 4: AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Applicant Name or Business Name (D/B/A)

"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 and, as such, 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 and correct."

Signature of Applicant/Affiant

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____,

by _____ (print affiant name).

(_____) Personally Known

(_____) Produced Identification

Type of Identification Produced _____

Signature of Notary Public – State of Florida

Name of Notary Public – Typed, Printed, or Stamped

(NOTARY SEAL)

Commission Expires: _____

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE: