

**FORM DBPR ABT – 6025
APPLICATION FOR CULINARY EDUCATION PROGRAM LICENSE
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO**

FORM DBPR ABT – 6025 IS REQUIRED TO:

- Obtain a culinary education program license to sell alcoholic beverages for consumption on the licensed premises of a culinary education program; and, if the culinary education program provides catering services, sale and consumption of alcoholic beverages on the premises of a catered event at which the culinary education program is also providing prepared food;
- Obtain a change of location for an existing culinary education program license; or
- Obtain a change in series from an existing license series to a culinary education program license.

FORM DBPR ABT – 6025 CHECKLIST

APPLICATION TYPE	APPLICATION REQUIREMENTS
INITIAL LICENSE	<ul style="list-style-type: none"> <input type="checkbox"/> APPLICATION FORM DBPR ABT – 6025 <ul style="list-style-type: none"> <input type="checkbox"/> Complete Sections 1-7. <input type="checkbox"/> Obtain Notarization for Applicant Affidavit in Section 7. <input type="checkbox"/> Submit fingerprints for the head of the culinary education program or designee. <input type="checkbox"/> APPROVALS BY OTHER STATE OR LOCAL AGENCIES <ul style="list-style-type: none"> <input type="checkbox"/> Sec. 3A – Division of Hotels and Restaurants <input type="checkbox"/> Sec. 3B – Sales Tax Certification <input type="checkbox"/> Sec. 3C – Local Zoning Approval <input type="checkbox"/> APPLICATION FEE <ul style="list-style-type: none"> <input type="checkbox"/> \$1,820.00 Payable To: Div. of Alcoholic Beverages and Tobacco <input type="checkbox"/> FILE APPLICATION FORM DBPR-6025
CHANGE(S) TO EXISTING LICENSE	<ul style="list-style-type: none"> <input type="checkbox"/> APPLICATION FORM DBPR ABT – 6025 <ul style="list-style-type: none"> <input type="checkbox"/> Complete Sections 1-7. <input type="checkbox"/> Obtain Notarization for Applicant Affidavit in Section 7. <input type="checkbox"/> APPROVALS BY OTHER STATE OR LOCAL AGENCIES <ul style="list-style-type: none"> <input type="checkbox"/> Sec. 3A – Division of Hotels and Restaurants <input type="checkbox"/> Sec. 3B – Sales Tax Certification <input type="checkbox"/> Sec. 3C – Local Zoning Approval <input type="checkbox"/> APPLICATION FEE <ul style="list-style-type: none"> <input type="checkbox"/> \$35.00 Payable To: Div. of Alcoholic Beverages and Tobacco <input type="checkbox"/> FILE APPLICATION FORM DBPR-6025

GENERAL INSTRUCTIONS
<p>TO PREPARE FORM DBPR ABT – 6025: All fields must be completed and the form must be signed by the applicant. If a question on the form is not applicable, insert "N/A."</p> <p>TO SUBMIT FORM DBPR ABT – 6025: The completed, original application must be submitted, by mail or hand delivery, to a Division District Office serving the location of the culinary education program. Contact information for district offices is available at: http://www.myfloridalicense.com/DBPR/alcoholic-beverages-and-tobacco/.</p>

LAWS AND REGULATIONS RELATED TO THE CULINARY EDUCATION PROGRAM LICENSE
<p>Florida Law for Culinary Education Program Licenses – §§ 381.0072(2) and 561.20(2)(a)6, Fla. Stat. “Culinary education program” means a program that educates enrolled students in the culinary arts, including the preparation, cooking, and presentation of food, or provides education and experience in culinary arts-related businesses; and</p> <p>Is provided by:</p> <ul style="list-style-type: none"> • A state university as defined in section 1000.21, Florida Statutes; • A Florida College System institution as defined in section 1000.21, Florida Statutes; • A career center as defined in section 1001.44, Florida Statutes; • A charter technical career center as defined in section 1002.34, Florida Statutes; • A nonprofit independent college or university that is located and chartered in this state and accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to grant baccalaureate degrees, that is under the jurisdiction of the Department of Education, and that is eligible to participate in the William L. Boyd, IV, Florida Resident Access Grant Program; or • A nonpublic postsecondary educational institution licensed pursuant to Part III of chapter 1005, Florida Statutes; and <p>Is inspected by any state agency or agencies for compliance with sanitation standards and is licensed as a public food service establishment by the Division of Hotels and Restaurants.</p>

ADDITIONAL INSTRUCTIONS FOR CULINARY EDUCATION PROGRAM APPLICATION SECTIONS	
SECTION	ADDITIONAL INSTRUCTIONS
<p>Section 2: Applicant Information</p>	<p>Registration of Legal Entity All corporations, domestic or foreign, general partnerships, limited liability companies, and limited partnership applicants must be registered with the Florida Department of State, Division of Corporations. The application will be considered incomplete without this active registration. For further information, contact the Department of State at (850) 488-9000 or www.sunbiz.org.</p>
<p>Section 3: Approval By Other State or Local Agencies</p>	<p>Section 3A: Division of Hotels and Restaurants Section 3A must be completed by Division of Hotels and Restaurants confirming that the applicant has complied with the requirements of chapter 509, Florida Statutes, is currently licensed by the Division of Hotels and Restaurants to provide food services, and complies with the requirements of the Florida Sanitary Code. Applications must be submitted within 90 days of receiving approval. Contact information for the Division of Hotels and Restaurants is available at: http://www.myfloridalicense.com/DBPR/hotels-restaurants/.</p>

	<p>Section 3B: Sales Tax Certification – Florida Department of Revenue Section 3B must be completed by the Florida Department of Revenue (DOR) confirming that the applicant has complied with Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due. Applications must be submitted to the Division within 90 days of approval by DOR. The address and other contact information for local DOR taxpayer service centers can be found at: http://dor.myflorida.com/dor/taxes/servicecenters.html.</p>
	<p>Section 3C: Local Zoning Approval The city or county zoning authority serving the area where the culinary education program is located must complete Section 3C confirming zoning approval. Zoning approval is required on all new and change of location applications unless the educational institution is exempt, in which case, proof of the exemption must be provided. Applications must be submitted within 180 days of receiving zoning approval. The address and other contact information for area zoning offices can be found at: http://www.myfloridalicense.com/DBPR/alcoholic-beverages-and-tobacco/.</p>
<p>Section 4: Description of Premises to be Licensed</p>	<p>Description of Premises to be Licensed Section 4 must be completed to describe the premises to be licensed for the sale of alcoholic beverages. Neatly draw a floor plan of the premises in ink, including: sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, storage areas, restrooms, bar locations, other points of sale of alcoholic beverages, and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.</p>
<p>Section 5: Disclosure of Interested Parties</p>	<p>Disclosure of Interested Parties Section 5 of the application must be completed with the name and title of any person that has a direct or indirect interest in the business for which the license is being sought. This disclosure may include sole proprietors, partners, officers, directors, shareholders owning more than ½ of 1 percent of stock in non-public corporations, partners of a general partnership, general partners of a limited partnership, managing members or managers of a limited liability company, and any person(s) directly interested and entitled to derive financial proceeds from the business.</p> <p>Determination of Direct Interest A “direct interest” is a person or entity who has direct ownership or control of the business to be licensed or beneficially owns the business to be licensed through an intermediary over which the person or entity has control. A “direct interest” includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. A person or entity who derives revenue from the business; 2. A person or entity entitled to derive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages, the terms of which, are contrary to section 561.17, Florida Statutes, or rule 61A-3.017, Florida Administrative Code; 3. A person or entity entitled to a percentage payment from the proceeds of the business, either by lease or otherwise. <p>A direct interest does not include any person that derives revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is specifically exempt by statute or rule.</p>

<p>Section 6:</p> <p>Related Party Personal Information (6A)</p> <p>Affidavit of Related Party (6B)</p>	<p>Related Party Personal Information Section 6 of the application must be completed with original signatures for each applicant and any person(s) disclosed in Section 5 as a <u>direct interest</u>. Each related party individual must disclose any arrests or criminal charges within the past 15 years, regardless of disposition, and must identify all other alcoholic beverage or tobacco permits or licenses in which the party maintains a current direct or indirect interest. Attach additional pages to the application if necessary for disclosure of the requested information.</p>
	<p>Social Security Number Section 6A requires the disclosure of the social security number for each related party. Disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653, 654, and 666; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification to improve the effectiveness of child support enforcement. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act.</p>
	<p>Copy of Arrest Disposition(s) of Related Parties Any related party who answers “yes” to questions 7, 8, or 9 in Section 6A must provide a copy of the arrest disposition with the application.</p>
	<p>Fingerprints of Applicants and Related Parties Before any application is approved, the Division of Alcoholic Beverages and Tobacco may require the applicant to file a set of fingerprints on regular United States Department of Justice forms for any persons interested directly or indirectly with the applicant in the business for which the license is being sought.</p> <p>For a culinary education program license, the head of the program or its designee must submit fingerprints for qualification on behalf of the applicant entity.</p> <p>Information and directions for obtaining and submitting fingerprints is available at the Department of Business and Professional Regulation website: http://myfloridalicense.custhelp.com/.</p> <p>This information provides guidance for both in-state and out-of-state applicants and related parties. The Originating Agency Identification (ORI) number for the Division of Alcoholic Beverages and Tobacco is FL920150Z. Please ensure that the ORI number is provided to the vendor when fingerprints are submitted. Costs associated with the fingerprint process will be collected from the applicant by the vendor.</p> <p>Affidavit of Related Party Each related party who completes the related party personal information sheet in Section 6A must read and sign the Affidavit of Related Party in Section 6B in the presence of a notary, with the notary’s seal affixed. The application will be deemed incomplete without both Sections 6A and 6B completed by each related party and filed with the application.</p>
<p>Section 7:</p> <p>Affidavit of Applicant</p>	<p>Affidavit of Applicant Section 7, affidavit of applicant, must be read and signed by the individual applicant, a partner of a general partnership, a general partner of a limited partnership, a managing member, manager, or officer of a limited liability company, a managing member, manager, or officer of a limited liability partnership, or an officer of a corporate applicant, in the presence of a notary, with the notary’s seal affixed.</p>

TYPE OF APPLICATION	
NEW LICENSE	EXISTING LICENSE
<input type="checkbox"/> Initial License <input type="checkbox"/> Correction to Initial License Application	Existing License Number <input type="checkbox"/> Change of Location <input type="checkbox"/> Change in License Series to Culinary Education Program License
TEMPORARY LICENSE REQUEST	
<p>NOTE: Applicants may obtain a temporary initial license for limited use pursuant to the Florida Beverage Law during the processing of the application for a permanent license. Additional license fees apply to requests for a temporary license. Please select one of the options below to request or decline a temporary license for this application.</p>	
<input type="checkbox"/> Yes , I need a temporary initial license for use during the processing of this application. I understand that additional license fees may apply to the issuance of a temporary initial license.	
<input type="checkbox"/> No , I do not need a temporary license at this time. I understand that I may not make purchases or sales of alcoholic beverages until the application for a permanent license is approved by the Division.	

DESIGNATED CONTACT (OPTIONAL)			
<p>A contact person must be designated below if someone other than the applicant is to receive and reply to Division communications regarding this application. The designated contact person will be permitted to make changes to the application paperwork on behalf of the applicant, and the Division will communicate directly with the contact person regarding the application. The applicant will not be copied on communications from the Division to the designated contact. It is the responsibility of the applicant to inform the Division if there is a change of designated contact and/or to the contact information for the designated contact.</p>			
Full Name of Designated Contact			
Designated Contact Mailing Address			
City	County	State	Zip Code
		FL	
Designated Contact E-mail Address		Designated Contact Telephone Number	
		Ext.	

SECTION 1: QUALIFYING EDUCATIONAL INSTITUTION INFORMATION
<p>Type of Qualifying Educational Institution Select the type of institution or entity which provides the culinary education program and identify the name of the institution or entity.</p>
<input type="checkbox"/> A state university as defined in s. 1000.21, F.S. <input type="checkbox"/> A Florida College System institution as defined in s. 1000.21, F.S. <input type="checkbox"/> A career center as defined in s. 1001.44, F.S. <input type="checkbox"/> A charter technical career center as defined in s. 1002.34, F.S. <input type="checkbox"/> A nonprofit independent college or university that is located and chartered in this state. <input type="checkbox"/> A nonpublic postsecondary educational institution licensed pursuant to part III of chapter 1005, F.S.
Name of Institution or Entity Providing Culinary Education Program

SECTION 2: APPLICANT INFORMATION			
<p>Full Name of Applicant(s) The permit will be issued in the name of the applicant as provided on the application.</p>			
Business Name (D/B/A)			
Applicant Mailing Address			
City	County	State	Zip Code
		FL	
Applicant Telephone Number		Applicant E-mail Address	
<p>Corporation or Other Legal Entity If the applicant is a corporation or other legal entity, enter the name and the document number related to the legal entity as registered with the Florida Department of State Division of Corporations.</p>			
FEIN Number		Florida Department of State Document Number	
<p>Address of Physical Location of Licensed Premise A legible and executed copy of the lease or deed for the premises must be provided and attached to the application in the name of the entity applying for the license.</p>			
City	County	State	Zip Code
		FL	
<p>Applicant Entity Felony History Has the applicant entity been convicted of a felony in this state, any other state, or by the United States in the last 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach information to the application which provides the date of conviction, the felony offense for which the entity was convicted, and the city, county, state and court of the conviction.</p>			
<p>Contracts or Agreements Any management, service, or other contractual agreement which gives a person or entity control of the licensed premises or the sale of alcoholic beverages must be disclosed in the section labeled "Other Direct Interests" in Section 6A. The below questions must be answered for each person or entity listed as the applicant. Copies of contracts or agreements, if applicable, must be submitted with this application.</p>			
1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any management contract, franchise agreement, or service agreement in connection with this business?
2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any agreement which requires a payment of a percentage of gross or net receipts from the operation of the business?
3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any party listed on this application accepted money, equipment or any other thing of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

SECTION 3: APPROVAL BY OTHER STATE OR LOCAL AGENCIES

NOTE: Applicants must obtain approval from the state or local agencies in Sections 3A, 3B, and 3C. The application will be deemed incomplete and ineligible for issuance of a temporary or permanent license without all required approvals in Section 3.

Full Name of Applicant(s) _____

**SECTION 3A: DIVISION OF HOTELS AND RESTAURANTS
TO BE COMPLETED BY THE FLORIDA DIVISION OF HOTELS AND RESTAURANTS**

The named applicant(s) for a culinary education program license has complied with the requirements of chapter 509, Florida Statutes, and the Florida Sanitary Code. The applicant is currently licensed by the Division of Hotels and Restaurants to provide food services.

Authorized Agency Signature _____

Printed Name _____

Title _____ Date _____

**SECTION 3B: SALES TAX CERTIFICATION
TO BE COMPLETED BY THE FLORIDA DEPARTMENT OF REVENUE**

The named applicant(s) for a culinary education program license has complied with Florida Statutes concerning registration for Sales and Use Tax and has paid or agreed to pay any applicable taxes due.

Authorized Agency Signature _____

Printed Name _____

Title _____ Date _____

**SECTION 3C: LOCAL ZONING APPROVAL
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE LICENSE LOCATION**

The location of the applicant's culinary education program complies with local ordinances for the sale of alcoholic beverages based on the information supplied by the applicant in this application.

Authorized Agency Signature _____

Printed Name _____

Title _____ Date _____

Exempt Educational Institution

Applicant must provide proof of the applicant entity's exemption from local zoning requirements, if applicable.

**SECTION 4: DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

Neatly draw a floor plan of the premises in ink, including: sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, storage areas, restrooms, bar locations, other points of sale of alcoholic beverages, and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

SECTION 5: DISCLOSURE OF INTERESTED PARTIES

List below the name and title of any person that has a direct or indirect interest in the business for which the license is being sought. This will include a sole proprietor, all partners, officers, directors, individual shareholders owning more than ½ of 1 percent of stock in non-public corporations, all partners of a general partnership, all general partners of a limited partnership, all managing members or managers of a limited liability company, and persons directly interested and receiving financial proceeds from the business.

NOTE: Failure to disclose an interest, direct or indirect, may result in denial of the application or suspension and/or revocation of the license.

Title/Position	Name	Stock %

OTHER DIRECT INTERESTS

Name of Individual or Entity
(If a legal entity, list business name (D/B/A) and principals)

Title/Position	Name	Stock %

Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution? Yes No
 If yes, and the terms create a direct interest in the business, you must list the person(s) or entity and indicate which of the below applies. Each directly interested person must submit fingerprints and a related party personal information sheet. Copies of agreements must be submitted with this application.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 6A: RELATED PARTY PERSONAL INFORMATION						
NOTE: This section must be completed for <u>every</u> individual with a direct interest in the applicant business. Each related party also must complete the Affidavit of Related Party in Section 6B.						
1	Full Name of Related Party					
	Social Security Number*			Home Telephone Number		Date of Birth
	Race	Sex	Height	Weight	Eye Color	Hair Color
2	Related Party Home Address (Street, City, State, Zip)					
3	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, immigration card number or passport number:					
4	Are you an official with state police powers granted by the Florida Legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Interest(s) In Alcohol or Tobacco Business						
Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the business information below. Attach additional sheets if necessary.						
5	Business Name (D/B/A)				License Number	
Location Address (Street, City, State, Zip Code)						
Prior Record of Application Denial or License Violation						
Have you had any type of license or permit related to alcoholic beverages, cigarettes, or tobacco refused, revoked or suspended in any jurisdiction in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the business information below.						
6	Business Name (D/B/A)				Date	
Location Address (Street, City, State, Zip Code)						
Prior Arrest and Offense Record						
Have you been convicted of a felony in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the information below and a Copy of the Arrest Disposition. Attach additional sheets if necessary.						
7	Date of Felony Conviction		Location of Felony Conviction			
Type of Offense						
Have you been convicted of an offense involving alcoholic beverages in any jurisdiction in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the information requested below and a Copy of the Arrest Disposition. Attach additional sheets if necessary.						
8	Date of Conviction		Location of Conviction			
Type of Offense						
Have you been arrested or issued a notice to appear in any state of the United States or its territories in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the information requested below and a Copy of the Arrest Disposition. Attach additional sheets if necessary.						
9	Date of Arrest or Notice to Appear			Location of Arrest or Notice to Appear		
Type of Offense						

SECTION 6B: AFFIDAVIT OF RELATED PARTY

**AFFIDAVIT OF RELATED PARTY
NOTARIZATION REQUIRED**

“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 I have fully disclosed any and all information required in Section 6A of this application. I further swear or affirm 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: _____

**SECTION 7: AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Full Name of Applicant(s)

"I, the undersigned individually, or if a registered legal entity for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application, and agree that the place where business is being conducted may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, agents of the Division of Hotels and Restaurants, the Sheriff, Deputies, and Police Officers for the purposes of determining compliance with the Florida Beverage Law. I understand that all records required by the Division by statute must be maintained for a period of three (3) years, including records identifying each purchase of alcoholic beverages, each customer, and the location and date of each catered event. I acknowledge that a culinary education program must be licensed by the Division of Hotels and Restaurants under chapter 509, F.S., in order to qualify for a culinary education program license, and further, that the license obtained pursuant to chapter 509, F.S., must be current and active at all times of operation of the culinary education program license in order to maintain compliance with the Florida Beverage Law.

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 that no other person or entity except as indicated herein has an interest in the license, and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license."

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: