## DBPR ABT-6032 - Division of Alcoholic Beverages and Tobacco Surety Bond Form

## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form AB&T ABT-6032 Revised 09/2010

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **(850) 487-1395**. Please submit your completed form and required information to your local Auditing District Office at the address listed in the instruction sheet.

SECTION 1 – BOND INFORMATION				
Bond Number	Bond Amount			
Please Check One:  Alcoholic Beverages  Manufacturer  JDBW Distributor  KLD Distributor  Bonded Warehouse	Cigarettes ☐ Tax-paid Distributor ☐ Stamping Distributor-Cash ☐ Stamping Distributor-Charge ☐ Distributing Agent ☑ Exporter	Tobacco Products ☐ Distributor		
SECTION 2	2 – APPLICANT INFORMATION			
Name				
d.b.a(Trade Name (D/B/A)	License Number	er(If Applicable)		
doing business in County, State of				
As Principal, and(Name of Licensed Surety Com	ipany)			
of(Street or P.O. Box)				
City Sta		_ Zip Code		
As Surety are bound to the State of Florida	as of			
in the amount ofsuccessors and assigns, jointly and severall for and pay over promptly to the Division of become due the State of Florida for taxes of the provisions of the:	ly. The condition of this bond is that, Alcoholic Beverages and Tobacco a	if the Principal shall account II money due or which shall		
Check one:  ☐ Beverage Laws (Chapte ☐ Cigarette Laws (Chapter ☐ Tobacco Product Laws (	r 210, F.S., Part I)			
of the State of Florida, then this obligation s	hall be void; otherwise, it shall remai	n in full force and effect.		

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be cancelled and discontinued by giving sixty days notice in writing to the Division of Alcoholic Beverages and Tobacco, and this bond shall be deemed cancelled at the expiration of said sixty days, the said Surety remaining liable for all or any act or acts covered by this bond which may have been committed by the Principal up to the date of cancellation, under the terms, conditions, and provisions of this bond.			
Signed and Sealed on:			
(Name of Applicant)	(Name of Surety Company)		
(Signature of Principal/Applicant)	(Signature and Office for Surety)		
	Attorney-in-Fact		

AB&T USE ONLY AUDIT APPROVAL					
D.O	<u></u>	C.O			