

**DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco
Application for Alcoholic Beverage and Tobacco License**

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

**DBPR Form
ABT-6001
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's web site at the link provided below:

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

| SECTION 1 - CHECK LICENSE CATEGORY | | | | |
|---|---|---|-------------------|--|
| License Series Requested 4COP | Type/Class Requested SRX | Do you wish to purchase a Temporary License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Child License Requested | Number of Child Licenses Requested | | | |
| <input checked="" type="checkbox"/> Retail Alcoholic Beverages <input type="checkbox"/> Alcoholic Beverage Manufacturer <input type="checkbox"/> Beer/Wine/Liquor Wholesaler <input type="checkbox"/> Passenger Waiting Lounge | | | | |
| <input type="checkbox"/> Retail Tobacco Products Dealer Permit (must check one or more of the below) <input type="checkbox"/> Pipes <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine | | | | |
| SECTION 2 - LICENSE INFORMATION | | | | |
| If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below. | | | | |
| FEIN Number 59-284-8217/59-3549811/20-8358901 | Business Telephone Number | E-Mail Address (Optional) licensespermits@BloominBrands.com | | |
| Full Name of Applicant(s): (This is the name the license will be issued in) Outback Steakhouse of Florida, LLC / OS Restaurant Services, LLC/ OSF Florida Services, Ltd. | | Department of State Document # L07000062818/L11000142804/A07000000134 | | |
| Business Name (D/B/A) Outback Steakhouse | | | | |
| Location Address (Street and Number) 9975 Triangle Boulevard | | | | |
| City S. Naples | County Collier | State FL | Zip Code 34113 | |
| Mailing Address (Street or P.O. Box) 2202 N West Shore Blvd; 5th Floor - Attn: Licenses | | | | |
| City Tampa | | State FL | Zip Code 33607 | |
| Contact Person - This section is optional, see application instructions for details | | | | |
| Contact Person Licenses/Permits | Telephone Number (813) 282-1225 ext. | | | |
| E-Mail Address (Optional) licensespermits@Bloominbrands.com | | | | |
| Mailing Address (Street or P.O. Box) 2202 N West Shore Blvd; 5th Floor - Attn: Licenses | | | | |
| City Tampa | | State FL | Zip Code 33607 | |

ABT District Office Received Date Stamp

| SECTION 5 - APPLICATION APPROVALS | | | |
|--|-------------------|-------------|-------------------|
| Full Name of Applicant: (This is the name the license will be issued in) Outback Steakhouse of Florida, LLC / OS Restaurant Services, LLC/ OSF Florida Services, Ltd. | | | |
| Business Name (D/B/A) Outback Steakhouse | | | |
| Street Address 9975 Triangle Boulevard | | | |
| City S. Naples | County Collier | State FL | Zip Code 34113 |

| ZONING | |
|---|---|
| TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION | |
| A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series: <u>4COP</u> Type: <u>SAX</u> license. | |
| B. This approval includes outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed and are identified on the sketch? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Check either: Please do not skip, this is important for license fee sharing <input type="checkbox"/> Location is within the city limits or <input checked="" type="checkbox"/> Location is in the unincorporated county | |
| Signed <u>[Signature]</u> | Date <u>3/10/14</u> |
| Title <u>Planner</u> | This approval is valid for <u>365</u> days. |

| SALES TAX | |
|---|-----------------------------|
| TO BE COMPLETED BY THE DEPARTMENT OF REVENUE | |
| The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax. | |
| 1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending <u>1/14/2014</u> or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 213.758 (4), F.S. (Not applicable if no transfer involved). | |
| 2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due. | |
| Signed <u>[Signature]</u> | Date <u>3-4-14</u> |
| Title <u>Tax Specialist I</u> | Department of Revenue Stamp |
| This approval is valid for <u>60</u> days. | |

| HEALTH | |
|--|---|
| TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS OR COUNTY HEALTH AUTHORITY OR DEPARTMENT OF HEALTH OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES | |
| The above establishment complies with the requirements of the Florida Sanitary Code. | |
| Signed <u>Barbara McBratney</u> | Date <u>3/4/14</u> |
| Title <u>Staff Assistant</u> | Agency <u>DBPR - Division of Hotels & Restaurants</u> |
| This approval is valid for <u>60</u> days. | |