

DBPR ABT-6014 – Division of Alcoholic Beverages and Tobacco Change of Location/Change in Series or Type Application

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form
ABT-6014
Revised 07/30/2012

NOTE – This form must be submitted as part of an application packet

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application 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 page of the DBPR web site at the link provided below.

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

SECTION 1 - CHECK TRANSACTION REQUESTED			
Transaction Type:			
<input type="checkbox"/> Change of Location	<input checked="" type="checkbox"/> Increase in Series		
<input checked="" type="checkbox"/> Change in Series	<input type="checkbox"/> Decrease in Series		
Also include:			
<input type="checkbox"/> Change of Business Name	<input checked="" type="checkbox"/> Retail Tobacco Products (must check one or more)		
<input type="checkbox"/> Change of Officer/Stockholder/Amended Corporate Name	<input type="checkbox"/> Pipes	<input checked="" type="checkbox"/> Over the Counter	<input type="checkbox"/> Vending Machine
Do you wish to purchase a Temporary License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Series Requested 4COP		Type/Class Requested	
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			
Full Name of Licensee* (This is the name the license is issued in) ROMANIKA INC		Department of State Document # P09000030161	
FEIN Number* 27-1885776		Business Telephone Number (727) 251-0801 ext	
Current Business Name (D/B/A) COASTAL WINE & LIQUOR		Current License # BEV6103169	Series 3PS
Type/Class			
New Business Name (D/B/A), if applicable			
Location Address (Street and Number) 6706 US HWY 19			
City NEW PORT RICHEY	County PASCO	State FL	Zip Code 34652
Check either: <input checked="" type="checkbox"/> Location is within the city limits or <input type="checkbox"/> Location is in the unincorporated county			
Contact Person (Optional) Ilaben Patel President		Telephone Number (727) 251-0801 ext	
E-Mail Address (Optional) cwliquor@gmail.com			
Mailing Address (Street or P.O. Box) SAME AS LOCATION ADDRESS			
City		State	Zip Code

ABT District Office Received / Date Stamp

SECTION 4 - APPLICATION APPROVALS			
Full Name of Licensee ROMANIKA INC			
Business Name (D/B/A) COASTAL WINE & LIQUOR			
Street Address 6706 US HWY 19			
City NEW PORT RICHEY	County PASCO	State FL	Zip Code 34652

ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION	
<p>A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series _____ license.</p> <p>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 type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Signed _____	Date _____
Title _____	

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	
<p>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 _____ 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 212.10(1), F.S. (Not applicable if no transfer involved).</p> <p>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</p>	
Signed _____	Date _____
Title _____	Department of Revenue Stamp
*****N/A - CHANGE IN SERIES ONLY*****	

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 _____	Date _____
Title _____	Agency _____

SECTION 5 - CONTRACTS OR AGREEMENTS

Business Name (D/B/A)
ROMANIKA INC

These questions must be answered about this business for every person or entity listed as the applicant and copies of agreements must be submitted with this application. If the management, service, or other contractual agreement gives a person or entity control of the licensed premises or the sale of alcoholic beverages, disclosure of those persons must be made in the section labeled "DIRECT INTEREST" in the DISCLOSURE OF INTERESTED PARTIES section. They must also submit fingerprints and a related party personal information sheet.

1.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is there a management contract, franchise agreement, or service agreement in connection with this business?
2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
3.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?

**SECTION 6 - SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate "Special Alcoholic Beverage License" box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

- Quota Alcoholic Beverage License Special Alcoholic Beverage License
 Club Alcoholic Beverage License

This license is issued pursuant to 561.29(1)(i), Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

Maintain the licensed premises in an active manner in which the licensed premises are open for business to the public for the bona fide retail sale of authorized alcoholic beverages during regular and reasonable business hours for at least 8 hours a day for a period of 210 days or more during any 12-month period commencing 6 months after the acquisition of the license by the licensee.

Please sign and date:

Applicant's Signature

[Handwritten Signature]

Date:

10/05/20

SECTION 7 - DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Business Name (D/B/A)
COASTAL WINE & LIQUOR

1 When applicable, please complete the appropriate section below. Attach extra sheets if necessary.

Title/Position	Name	Stock %
CORPORATION (CORP/INC)		
President	ILABEN V PATEL	100%
Vice President		
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
LIMITED LIABILITY COMPANY (LLC/LC)		
Managing Member(s) and/or Managers		
Members (must be printed if there are no managing members or managers)		
LIMITED PARTNERSHIP (LTD/LP/LTDLLP)		
General Partner(s)		
Limited Partner(s)		

Bar Manager (Fraternal Organizations of National Scope only).

DIRECT INTEREST

Name of Individual or Entity (if a legal entity list name under which the entity does business and its principles)

Title/Position	Name	Stock %

2 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"/>	

SECTION 8 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Business Name (D/B/A):
COASTAL WINE & LIQUOR

"I, the undersigned individually, or if a registered legal entity for itself and its related parties, hereby swear or affirm that I am duly authorized to make the above and foregoing application and as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, 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 the Sheriff, his Deputies and Police Officers for the purposes of determining compliance with the beverage and retail tobacco laws."

"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 alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF FLORIDA

COUNTY OF PASCO



Ilaben V. Patel
APPLICANT SIGNATURE

APPLICANT SIGNATURE

The foregoing was (X) Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of OCTOBER, 2020, By ILABEN V. PATEL who is () personally
(print name(s) of person(s) making statement)

known to me OR () who produced _____ as identification

See attachment →
Notary Public

Commission Expires _____



Jurat Certificate

State of Florida

County of Pasco

Sworn to (or affirmed) and subscribed before me this 5th day

of October, 20 20, by means of physical presence or online notarization

Ihaben V Patel (name of person making statement)

Personally known to me _____

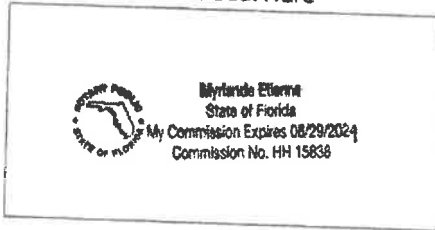
Produced Identification
Type of Identification Produced Florida-Driver License

Notary Signature Myrlande Etienne

Title Notary

My appointment expires 6/29/2024

Place Seal Here



Description of Attached document

Type or Title of Document
Affidavit of Applicant

Document Date 10/5/2020 Number of Pages 9

Signer(s) Other Than Named Above
N/A

SECTION 9 - RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

1	Business Name (D/B/A) COASTAL WINE & LIQUOR					
2	Full Name of Individual: ***** N/A - CURRENT LICENSEE *****					
	Social Security Number		Home Telephone Number		Date of Birth	
	Race	Sex	Height	Weight	Eye Color	Hair Color
3	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number					
4	Home Address (Street and Number)					
	City				State	Zip Code
5	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 information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				License Number	
	Location Address					
6	Have you had any type of <u>alcoholic beverage</u> , or bottle club license or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				Date	
	Location Address					
7	Have you been convicted of a <u>felony</u> within the past 15 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8	Have you been convicted of an offense involving <u>alcoholic beverages</u> anywhere within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

9. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? Yes No
 If yes, provide the information requested below and a Copy of the Arrest Disposition.
 Attach additional sheet if necessary.

Date	Location
Type of Offense	

10. Are you an official with State police powers granted by the Florida Legislature?
 Yes No

NOTARIZATION STATEMENT

*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 parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct.⁴

STATE OF _____ ***** **N/A - CURRENT LICENSEE** *****

COUNTY OF _____

APPLICANT SIGNATURE _____

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

Commission Expires _____

 Notary Public

(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654, 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 pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes.

SECTION 10 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured

Business Name (D/B/A)
COASTAL WINE & LIQUOR

Last Name PATEL	First ILABEN	M.I. V
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)
BEV6103189

Date of Birth 08/02/1972	Social Security Number* 358-88-7793
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Street Address
4628 MAYFLOWER DRIVE

City NEW PORT RICHEY	State FL	Zip Code 34652
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Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

**LIMITED POWER OF ATTORNEY
Known All By These Presents:**

That **ILABEN V. PATEL**, an individual whose home address is:

1102 Wesley Chapel Blvd.
Wesley Chapel, FL 33544

has made, constituted and appointed, and by these presents does make, constitute and appoint **JONATHON W. BAKER, ESQ., FLORIDA BAR NO. 88546**, of Baker Law, P.A., 27251 Wesley Chapel Blvd., Suite 1044, Wesley Chapel, FL 33544, true and lawful attorney for them and in their name, place and stead:

This instrument authorizes **JONATHON W. BAKER, ESQ.** to receive or obtain any and all confidential information, submit any changes to any part of any application, have full power to perform any act or acts necessary and appropriate, and to substitute for said taxpayer, applicant, permit holder or licensee, solely, specifically, and exclusively in conjunction with:

Any and all entity registration, licensing or permitting applications including but not limited to Entity Formation/Amendments, Department of Revenue Sales Tax Certificate, Business Tax Receipts, Certificates of Use, Certificates of Occupancy, Zoning Certifications, Alcoholic Beverage Licenses, Food Service Licenses, Hemp/CBD Licensing and/or Fictitious Name Registration before the Florida Secretary of State, Florida Department of Business and Professional Regulation, U.S. Treasury, Internal Revenue Service, Florida Department of Revenue, Florida Department of Agriculture and Consumer Services, Florida Department of Health, the County of Pasco, the City of Orlando, and/or any other authority, organization, department or division thereof.

Giving and granting unto **JONATHON W. BAKER, ESQ.** full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done as fully, to all intents and purposes, as they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **JONATHON W. BAKER, ESQ.**, said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

Scaled and delivered in the presence of:

Ilaben Patel
Witness #1 Signature

Ilaben Patel
Witness #2 Signature

Ilaben V. Patel
Ilaben V. Patel

10/05/20
Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2020 by **ILABEN V. PATEL**, who appeared before me at the time of notarization, and who () is personally known to me or who () produced _____ as identification.

See attachment →

Notary Public

STAMP:



Acknowledgment by Individual

State of Florida

County of Pasco

The foregoing instrument was acknowledged before me this 5th day

of October, 2020, by means of physical presence or online notarization

Ihaben V Patel (name of person acknowledging).

Personally known to me

Produced Identification

Type of Identification Produced Florida Driver License

Notary signature Myrlande Etienne

Notary name (typed or printed) Myrlande Etienne

Title (e.g., Notary Public) Notary

Place Seal Here



For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Limited Power of Attorney

Document Date 10/5/2020

Number of Pages

1

Signer(s) Other Than Named Above

N/A



F001-000DSG5350FL


Florida *The Sunshine State*
DRIVER LICENSE CLASS E
B260-439-84-368-0

JONATHON WAYNE
BAKER
23809 CRIPPEN DRIVE
LAND O LAKES, FL 34639-0000
DOB: 10-06-1984 SEX: M
EXPIRES: 09-21-2012 HGT: 5-07
EYES: 11-06-2020
HAIR: 11-06-2020
ENDORSE:
REPLACED: 10-24-2011

WJ


SAFE DRIVER
Operation of a motor vehicle constitutes consent to any voluntary test required by law.

The Florida Bar



Member Since
04/11/2011

Jonathon Wayne Baker



0088546