

DBPR ABT-6003 – Division of Alcoholic Beverages and Tobacco  
Application for One/Two/Three Day Permit or Special Sales License

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form  
ABT- 6003  
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 to your local district office at least (7) days prior to the first date of the event to insure the permit is issued by the event date. This application may be submitted by mail, 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.myfloridalicense.com/dbpr/abt/district\\_offices/licensing.html](http://www.myfloridalicense.com/dbpr/abt/district_offices/licensing.html)

**SECTION 1 – CHECK TRANSACTION REQUESTED**

Transaction Type:

☒ One/Two/Three Day Permit

☐ Special Sales License

**SECTION 2 – PERMIT or 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 Business Telephone Number E-Mail Address (Optional)

59-22-90631

561 793 8544

Full Name of Applicant(s): (This is the name the permit or license will be issued in)

Department of State Document #

ST. RITA Catholic church

Business Name (D/B/A) or Name of Event

ST RITA Catholic church

Location of Event (Street and Number)

13645 Paddock Drive

City Wellington

County Palm Beach

State FL

Zip Code 33414

Mailing Address (Street or P.O. Box)

13645 Paddock Drive

City Wellington

State FL

Zip Code 33414

**Contact Person - This section is optional, see application instructions for details**

Contact Person John KAPSOS

Telephone Number 561 795 2368 ext.

Email Address (Optional)

KAPSOSJ@Bellsouth.NET

Mailing Address (Street or P.O. Box)

1818 STAMFORD CIR

City Wellington

State FL

Zip Code 33414

Date(s) Permit Desired

FEB. 4, 5, 6 and 7th

ABT District Office Received Date Stamp

**SECTION 3 – SALES TAX**  
**TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

**Full Name of Applicant Organization**

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Department of Revenue Stamp:

**SECTION 4 - ZONING**  
**TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE EVENT LOCATION**

Location of Event (Street and Number)

13645 Paddock Drive

City Wellington

County PBC

The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day Permit.

Signed LC Bark

Date 12/9/2015

Title Planning + Zoning Tech

**Note: College fraternities and sororities must meet certain additional conditions which can be found in the application instructions and requirements.**

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED**

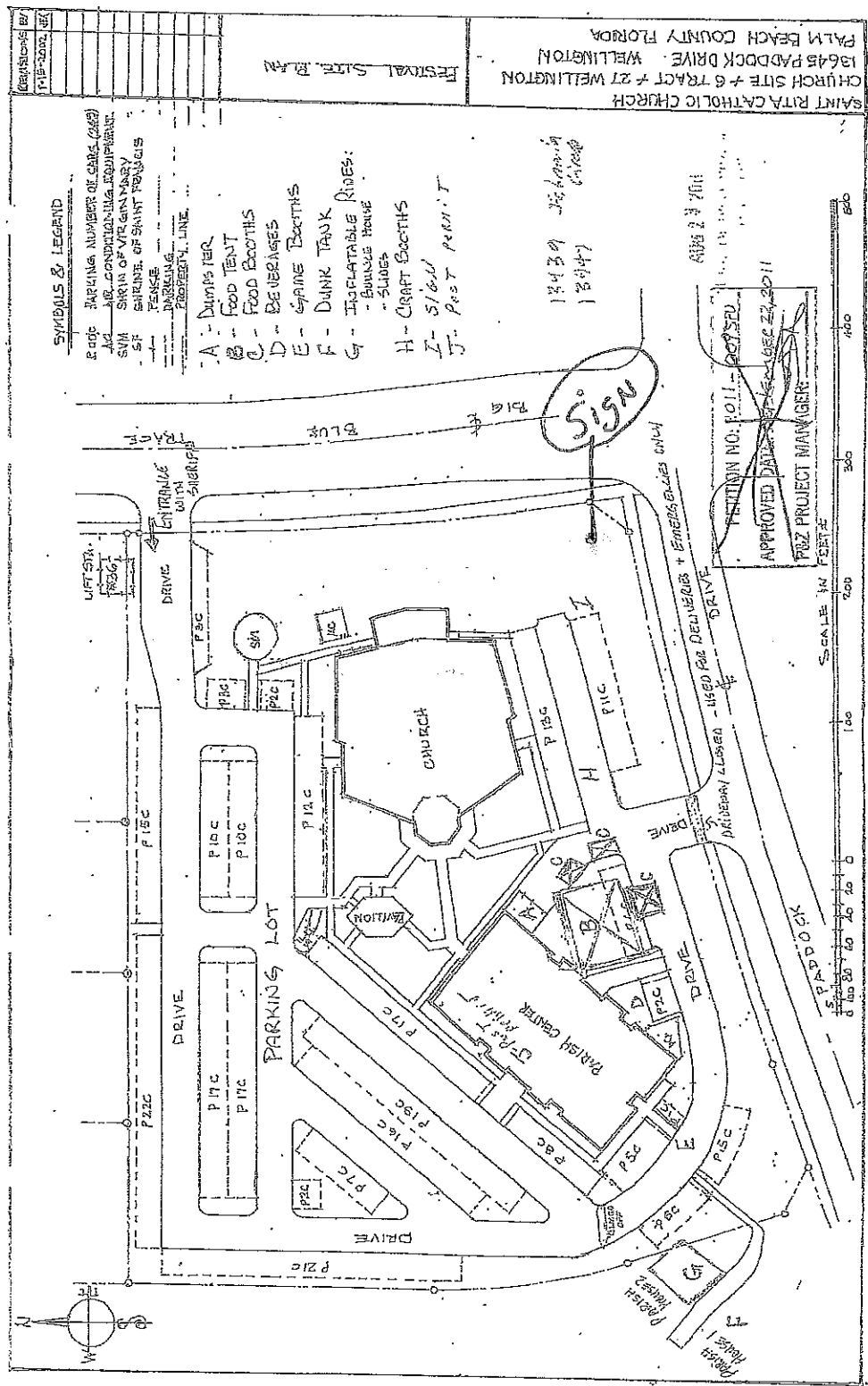
Business Name (D/B/A) or Name of Event

*ST. RITA Catholic Church*

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, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.

*See  
attached*

SEP 30 2014



SECTION 6 - AFFIDAVIT OF APPLICANT  
FOR NON-PROFIT CIVIC ORGANIZATION ALCOHOLIC BEVERAGE PERMIT

NOTARIZATION REQUIRED

Full Name of Applicant Organization

ST. RITA Catholic Church

"This is to certify that the applicant requesting the permit in the above and foregoing application is a non-profit civic organization and that the permit, if used, will be used only by the organization making application, on the date(s) requested and at the location stated. By acceptance of this permit, we agree that the applicant organization, as the permit holder, is the ONLY entity that will receive any of the profits from the sale of alcoholic beverages on this permit. This is to further certify that the applicant organization has not received more than three (3) permits within the calendar year, unless otherwise authorized by law, and acknowledge that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the alcoholic beverage laws.

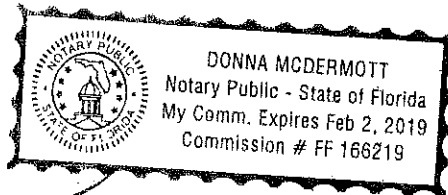
I, the undersigned individual, hereby swear or affirm that I am an officer or authorized representative and am duly authorized to make the above and foregoing statements on behalf of the applicant organization. Furthermore, I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge."

STATE OF

Florida

COUNTY OF

Palm Beach



REV. DON MUNRO (Pastor)

APPLICANT/AUTHORIZED REPRESENTATIVE NAME

Rev Donald Munro

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was ( ☒ ) Sworn to and Subscribed before me this 9th Day

of Dec, 20 2015, By DON MUNRO who is ( ☒ ) personally known to me  
(print name(s) of person making statement)

OR ( ☐ ) who produced Drivers License as identification.

Donna McDermott

Notary Public

Commission Expires: 2-2-2019

SECTION 7 - AFFIDAVIT OF APPLICANT  
FOR SPECIAL SALES LICENSE

NOTARIZATION REQUIRED

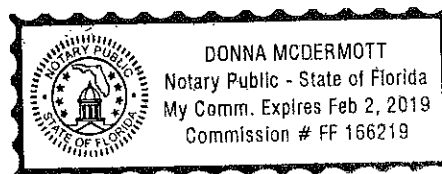
Full Name of Applicant Organization

ST. RITA Catholic Church

"I, the undersigned individual, or if a corporation, its authorized representative, hereby swear or affirm that I am duly authorized to make the above and foregoing application for a special sales license which authorizes the sale of alcoholic beverages for period of up to three (3) days. I understand this license does not permit the sale of alcoholic beverages for consumption on the premises and only allows package sales in sealed containers and acknowledge that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverages laws.

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the special sales license and that all of the above listed persons or entities meet the qualifications necessary to hold this special sales license."

STATE OF Florida  
COUNTY OF Palm Beach



Rev. Don Munro (Pastor)

APPLICANT/ AUTHORIZED REPRESENTATIVE NAME

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was ( ) Sworn to and Subscribed before me this 9th Day

of Dec., 20 15, By Don Munro who is ( ☒ ) personally known to me  
(print name(s) of person making statement)

OR ( ☒ ) who produced Driver's license as identification.

Donna McDermott  
Notary Public

Commission Expires: 2-2-2019

### ATTESTATION

This form is to be completed by the alcoholic beverage license holder **ONLY** when the event of the non profit organization is being held at a location that is licensed by the Division of Alcoholic Beverages & Tobacco for the sale of alcoholic beverages.

Note: This attestation must have the original signature of the alcoholic beverage license holder (only persons on file with the division may sign) and must be submitted by the non-profit group along with the application for the One/Two/Three Day Permit.

Licensee: <u>REV. DONALD MUNRO PASTOR</u>		
Business Name (DBA): <u>ST RITA CATHOLIC CHURCH</u>		
License #:	Series of Permanent License: Type:	
Contact Person <u>JOHN KAPSOS</u>	Telephone Number <u>561 795 2368</u> ext.	
E-Mail Address (Optional) <u>KAPSOSJ@Bellsouth.NET</u>		
Name of Non-Profit Group:		
Date(s) of Event <u>2/4/16 to 2/9/16</u>		

### IMPORTANT

A One/Two/Three Day permit is being requested for an event to be held on your licensed premises. During the event, no sales or service of alcoholic beverages may be made under your alcoholic beverage license in the area identified for use by the non-profit organization. Failure to comply will result in administrative charges being filed against your license.

Signature of Licensee: ✓ Rev. Donald Munro

Date: 12/9/15



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 8333 NW 53rd Street Suite 800 Miami FL 33166	<b>CONTACT</b> NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Underwriters at Lloyd's London INSURER B: LM Insurance Corporation INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> DIOCESE OF PALM BEACH ST. RITA CATHOLIC CHURCH 13645 PADDOCK DRIVE WELLINGTON, FL 33414	<b>NAIC #</b> 15792 33600	

**COVERAGES**

CERTIFICATE NUMBER: 598851456

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRG-JECT <input type="checkbox"/> LOC OTHER:			BP1006814	4/1/2015	4/1/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$included MED EXP (Any one person) \$Nil PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BP1006814	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	EW565N289881015	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Limits shown for insurer A and B are inclusive of defense and insured retention.

Evidence Of Insurance with respect to Festival from February 4, 5, 6 to 7, 2016.

**CERTIFICATE HOLDER****CANCELLATION**Wellington Planning & Zoning  
12794 Forest Hill Suite #23  
Wellington FL 33414

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  

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# Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012529886C-2	05/31/2013	05/31/2018	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ST RITAS CATHOLIC CHURCH  
13645 PADDOCK DR  
WEST PALM BEACH FL 33414-7811

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.