

**INSTRUCTIONS FOR COMPLETING
DBPR ABT- 6009
DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO
APPLICATION FOR CHANGE OF BUSINESS NAME OR CHANGE OF MAILING ADDRESS**

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 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

GENERAL INSTRUCTIONS

Please complete all information. All questions are applicable and must be answered fully and truthfully.

You must provide an original application. All signatures must be original.

APPLICATION CHECKLIST

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
Change of Business Name (Fee Required)	<input type="checkbox"/> Complete DBPR ABT-6009 Division of Alcoholic Beverages and Tobacco Application for Change of Business Name or Change of Mailing Address <input type="checkbox"/> Pay \$10 fee (make check payable to the Division of Alcoholic Beverages and Tobacco)
Change of Mailing Address (No Fee Required)	<input type="checkbox"/> Complete DBPR ABT-6009 Division of Alcoholic Beverages and Tobacco Application for Change of Business Name or Change of Mailing Address or you may make this change at: https://www.myfloridalicense.com/datamart/mainMenuFLDBPR.do;jsessionid=E138904D3AF478844C940D384B2FC3D9

**DBPR ABT-6009 – Division of Alcoholic Beverages and Tobacco
Application for Change of Business Name or Change of Mailing Address**

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

**DBPR Form
ABT-6009
Revised 01/2013**

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SECTION 1 - CHECK TRANSACTION REQUESTED
Transaction Type:
<input type="checkbox"/> Business Name Change (\$10 Fee Required)
<input type="checkbox"/> Mailing Address Change (No Fee Required)

SECTION 2 - CHANGE OF BUSINESS NAME	
License/Permit Number	Series/Type
Full Name of Applicant (This is the name the license is currently issued in)	
Old Business Name (D/B/A)	
New Business Name (D/B/A)	

SECTION 3 - CHANGE OF MAILING ADDRESS			
License/Permit Number	Series/Type		
Full Name of Applicant (This is the name the license is currently issued in)			
New Mailing Address			
City	State	Zip Code	

SECTION 4 - APPLICANT SIGNATURE	
APPLICANT SIGNATURE _____	Date _____

ABT District Office Received / Date Stamp
