

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

**Application begins on page 2**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Alcoholic Beverages & Tobacco, at 850.488.8284. Please submit your completed application and required fees to:*

Department of Business and Professional Regulation  
Division of Alcoholic Beverages & Tobacco  
<https://www.myfloridalicense.com/>

**GENERAL INSTRUCTIONS**

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

You must provide an original and a copy of the application. All signatures must be original.

**APPLICATION CHECKLIST**

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

TRANSACTION	APPLICATION REQUIREMENTS
<b>Change of Business Name (Fee Required)</b>	<input type="checkbox"/> Pay \$10 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ABT-6009 Division of Alcoholic Beverages and Tobacco Change of Business Name or Change of Mailing Address Application
<b>Change of Mailing Address (No Fee Required)</b>	<input type="checkbox"/> Complete DBPR ABT-6009 Division of Alcoholic Beverages and Tobacco Change of Business Name or Change of Mailing Address Application or you may complete online at: <a href="https://www.myfloridalicense.com/">https://www.myfloridalicense.com/</a>

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

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

**DBPR Form AB&T  
ABT-6009  
Revised 02/08  
61A-10.084 FAC**

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<b>SECTION 1- CHECK TRANSACTION REQUESTED</b>	
<b>Transaction Type:</b>	
<input type="checkbox"/> Business Name Change (\$10 Fee Required)	
<input type="checkbox"/> Mailing Address Change (No Fee Required)	
<b>SECTION 2- CHECK LICENSE/PERMIT TYPE</b>	
<b>License Type:</b>	
<input type="checkbox"/> Beverage License	
<input type="checkbox"/> Wholesale Tobacco License	
<input type="checkbox"/> Retail Tobacco Permit	

<b>SECTION 3 - CHANGE OF BUSINESS NAME</b>	
License/Permit Number	Series/Class
Licensee	
Old Business Name	
New Business Name	

<b>SECTION 4 - CHANGE OF MAILING ADDRESS</b>			
License/Permit Number	Series/Class		
Licensee			
New Mailing Address			
City	State	Zip Code	

<b>SECTION 5 - APPLICANT SIGNATURE</b>	
APPLICANT SIGNATURE _____	Date _____