

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

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.

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.

Contact Person

All communications regarding your application will be sent to the applicant at the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled "License Information". If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

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"/> Pay \$10 fee (make check payable to the Division of Alcoholic Beverages and Tobacco) <input type="checkbox"/> Complete DBPR ABT-6009 Division of Alcoholic Beverages and Tobacco Change of Business Name or Change of Mailing Address Application
Change of Mailing Address (No Fee Required)	<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: https://www.myfloridalicense.com/

**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
ABT-6009
Revised 09/2010**

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. 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"/> 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 _____
Contact Person	Telephone Number
E-Mail Address	

ABT District Office Received / Date Stamp
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