

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6015
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR DELINQUENT RENEWAL**

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 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

GENERAL INSTRUCTIONS

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

All signatures must be original.

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Delinquent Renewal	<input type="checkbox"/> Complete DBPR ABT-6015 Division of Alcoholic Beverages and Tobacco Application for Delinquent Renewal

DBPR ABT-6015 – Division of Alcoholic Beverages and Tobacco Application for Delinquent Renewal

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

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SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Alcoholic Beverage License	
<input type="checkbox"/> Wholesale Cigarette Exporter & Other Tobacco Products Permits	

SECTION 2 - LICENSE INFORMATION			
Business Name			
Issued To		Licensee ID Number	
Location Address			
City	County	State	Zip Code
License/Permit Number	Series	Type	
Contact Person		Telephone Number	

SECTION 3 - DELINQUENT RENEWAL EXPLANATION
I submit the following explanation for not having renewed during the renewal period:

SECTION 4 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
Trade Name (D/B/A)	
I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above request.	
I swear under oath or affirmation under penalty of perjury as provided in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct.	
STATE OF _____	_____
COUNTY OF _____	APPLICANT SIGNATURE
The foregoing was () Sworn to and Subscribed OR () Acknowledged,	District Office Date Stamp
Before me this _____ Day of _____, 20____,	
By _____ who is () personally	
known to me OR () who produced	
_____ as identification.	
_____ Notary Public	