

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

*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](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.

**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.

**Affidavit of Applicant**

Read and sign in the presence of a notary. The affidavit must be signed by the individual applicant, a partner of each general partnership, a general partner of each general partnership of a limited partnership, a managing member or manager of a limited liability company, or one of the officers of a corporate applicant.

**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**

**DBPR Form  
ABT-6015  
Revised 09/2012**

**NOTE – This form must be submitted as part of an application packet**

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

<b>SECTION 2 - LICENSE INFORMATION</b>			
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.			
Full Name of Licensee: (This is the name the license is issued in)		Department of State Document #	
Business Name (D/B/A):			
Location Address:			
City	County	State	Zip Code
License/Permit Number	Series	Type	
Contact Person		Telephone Number	
E-Mail Address			

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

**SECTION 4 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A): \_\_\_\_\_

"I, the undersigned individual, or if a registered legal entity for itself and its related parties, 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 for 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

\_\_\_\_\_  
APPLICANT SIGNATURE

The foregoing was ( ) Sworn to and Subscribed OR ( ) Acknowledged Before me this \_\_\_\_\_ Day

of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_ who is ( ) personally  
(print name(s) of person(s) making statement)

known to me OR ( ) who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Commission Expires: \_\_\_\_\_

**ABT District Office Received/Date  
Stamp**