

**INSTRUCTIONS FOR COMPLETING
DBPR ABT - 6007
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
REQUEST FOR CANCELLATION OF PERMANENT LICENSE**

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.

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

APPLICATION CHECKLIST

TRANSACTION	APPLICATION REQUIREMENTS
Cancellation of Permanent License	<input type="checkbox"/> Complete DBPR ABT-6007 Division of Alcoholic Beverages and Tobacco Request for Cancellation of Permanent License form

DBPR ABT-6007 – Division of Alcoholic Beverages and Tobacco Request for Cancellation of Permanent License

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

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SECTION 1 - APPLICATION INFORMATION	
Please cancel the following alcoholic beverage license:	License Series/Class
Issued To:	License/Permit Number
Business Name	Licensee ID Number
I do <input type="checkbox"/> do not <input type="checkbox"/> wish to cancel retail tobacco permit number:	
Is the permanent license accompanying this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
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 _____	_____
	APPLICANT SIGNATURE
COUNTY OF _____	
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	