

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

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) 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 web site at the link provided below:

[Local ABT District Licensing Offices](#)

GENERAL INSTRUCTIONS

Submitting Your Application

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

You must provide an original application with original signatures.

Declaration of Applicant

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

APPLICATION CHECKLIST

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

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

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

**DBPR Form
ABT-6007
Revised 08/2013**

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SECTION 1 - APPLICATION INFORMATION	
Licensee or Permit holder: (ownership as it appears on the license or permit)	License or Permit Number
Business Name (D/B/A)	Series/Class
Is the permanent license or permit being submitted with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
I, the undersigned declare that I am duly authorized to make the above request.	
KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE. s.837.06 F.S	
ANY PERSON WILLFULLY AND KNOWINGLY MAKING ANY FALSE ENTRIES IN ANY RECORDS REQUIRED UNDER THE BEVERAGE LAW SHALL BE GUILTY OF A FELONY OF THE THIRD DEGREE. s.562.45 F.S.	

APPLICANT NAME	

APPLICANT SIGNATURE	

ABT District Office Received / Date Stamp
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