

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT – 6031  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
REQUEST FOR WITHDRAWAL OF APPLICATION**

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 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:*

[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

You must provide an original application. All signatures must be original.

**APPLICATION CHECKLIST**

| <b>TRANSACTION</b>               | <b>APPLICATION REQUIREMENTS</b>   |
|----------------------------------|---|
| <b>Withdrawal of Application</b> | <input type="checkbox"/> Complete DBPR ABT-6031 Division of Alcoholic Beverages and Tobacco Request for Withdrawal of Application form<br><input type="checkbox"/> Return temporary permit, if applicable |

**DBPR ABT-6031 – Division of Alcoholic Beverages and Tobacco  
Request for Withdrawal of Application**

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

**DBPR Form  
ABT-6031  
Revised 12/2012**

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**SECTION 1 - APPLICATION INFORMATION**

I request the withdrawal of the following application:

License/Permit Number:

Full Name of Applicant: (This is the name in which the license/permit was applied for)

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State

Zip Code

If you received a temporary license/permit, is the temporary attached to this application?  Yes  No

**SECTION 2 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

I, the undersigned individual, or if a registered legal entity 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

\_\_\_\_\_  
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: \_\_\_\_\_