

**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 09/2010**

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

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

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
FL

Zip Code

Is the temporary permit 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.

Commission Expires: _____

Notary Public