

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

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

Select the appropriate Transaction below and comply with the corresponding application requirements.

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

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

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

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SECTION 1 - APPLICATION INFORMATION			
I request the withdrawal of the following application:			
Temporary Permit Number			
Issued To			
Business Name			
Location Address (Street and Number)			
City	County	State	Zip Code
Is the temporary permit attached to this application? <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	
Before me this _____ Day of _____, 20____, By _____	
who is () personally known to me OR () who produced _____ as	
identification.	
_____	Commission Expires: _____
Notary Public	