

DBPR ABT- 6039
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
Notification of Election to Permit Tobacco Smoking in the Licensed Premises

Form begins on page 2

*If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation at **(850) 488-8284**. Please submit your completed form using the division's internet site, Interactive Voice Response System, the Customer Contact Center, or your local district office. This notification may be submitted by mail, through appointment, or it can be delivered to a District Office. Address and Contact Information Sheet is available on AB&T's page of the DBPR web site at http://www.myflorida.com/dbpr/abt/district_offices/licensing.html or the notification may be mailed to:*

Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco
1940 North Monroe Street
Tallahassee, FL 32399-1021

This form is used to notify the division of your election to be designated as an establishment permitting smoking in the licensed premises. In order to qualify for this designation your premises must have a valid license to sell alcoholic beverages for consumption on the premises. You may choose either the "ss" or "ssf" designation.

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

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| SECTION 1 - CHECK DESIGNATION REQUESTED | |
|--|--|
| Type: SS <input type="checkbox"/> Stand-alone Bar without Food | SSF <input type="checkbox"/> Stand-alone Bar with Food |

| SECTION 2 – CURRENT LICENSE INFORMATION | | | |
|--|---------------------------------|-------------|----------|
| Alcoholic Beverage License Number | | Series | |
| Full Name of Licensee (as it appears on your alcoholic beverage license) | | | |
| Business Name (as it appears on your alcoholic beverage license) | | | |
| Location Address (Street and Number) | | | |
| City | County | State FL | Zip Code |
| Mailing Address (Street or P.O. Box) | | | |
| City | State | | Zip Code |
| Contact Person | Telephone Number () - | | |
| Licensee Signature | Date | | |
| Licensee Signature | Date | | |