



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
 2601 BLAIR STONE ROAD • TALLAHASSEE FL 32399-1022

DBPR Form AB&T
 4000A-251
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 Revised 02/08
 61A-10.0091 FAC

OUT OF STATE CIGARETTE MANUFACTURER'S REPORT

Prepare in TRIPLICATE. Submit ORIGINAL and FIRST COPY to the AUDITING OFFICE of the DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO at the address above. SECOND COPY is to be retained by the licensee. This report must be filed in accordance with the provisions of Chapter 210, Florida Statutes, on or before the tenth day of the month following the month being reported.

Permit Name _____ Permit No. _____
 Address _____ City _____ State ____ Zip _____
 Phone No (____) _____ Email Address _____
 Month Reported _____ Yr _____ Reporting Period _____ through _____

This report is true and correct to the best of my knowledge and belief and is submitted under penalty of perjury.

 Typed or Printed Name Authorized Signature

SUMMARY OF TRANSACTIONS

	10's	20's	25's
1. Sales to Florida Distributors			
2. Returns from Florida Distributors			

DAB&T USE ONLY

REPORT RECEIPT	In's	AUDIT REVIEW	In's	CENTRAL PROCESSING	In's
Postmark Date		Initial Review Date		Initial Receipt Date	
Delivery Date		Amended Date		Completed Date	
Delinquency Action					