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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

OUT OF STATE CIGARETTE IMPORTER'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'ls*	*AUDIT REVIEW*		*In'ls*	*CENTRAL PROCESSING*		*In'ls*
Postmark Date			Initial Review Date			Initial Receipt Date		
Delivery Date			Amended Date			Completed Date		
Delinquency Action								