



**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-256  
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 Revised 02/08  
 61A-10.0091 FAC

**OUT OF STATE CIGARETTE IMPORTER'S DETAIL REPORT**

Permit Name \_\_\_\_\_ of \_\_\_\_\_ Permit No. \_\_\_\_\_

For the Month of \_\_\_\_\_ Yr \_\_\_\_\_ Reporting Period \_\_\_\_\_ through \_\_\_\_\_

**SALES TO FLORIDA DISTRIBUTORS**

Cigarette Country of Origin (7501)	Florida Distributor				NUMBER OF PACKS		
	Permit No.	Name and Address	Invoice Number	Date	10's	20's	25's
<b>Transaction Totals</b> (Transfer totals to page 1, line 1)							