

**DBPR ABT-6009 – Division of Alcoholic Beverages and Tobacco Change of Business Name or Change of Mailing Address Application**

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

**DBPR Form AB&T  
ABT-6009  
Revised 02/08  
61A-10.084 FAC**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Alcoholic Beverages & Tobacco, at **850.488.8284**. Please submit your completed application and required fees to:*

Department of Business and Professional Regulation  
Division of Alcoholic Beverages & Tobacco

or you may apply online at: <https://www.myfloridalicense.com/>

SECTION 1- CHECK TRANSACTION REQUESTED	
<b>Transaction Type:</b>	
<input type="checkbox"/> Business Name Change (\$10 Fee Required)	
<input type="checkbox"/> Mailing Address Change (No Fee Required)	
SECTION 2- CHECK LICENSE/PERMIT TYPE	
<b>License Type:</b>	
<input type="checkbox"/> Beverage License	
<input type="checkbox"/> Wholesale Tobacco License	
<input type="checkbox"/> Retail Tobacco Permit	

SECTION 3 - CHANGE OF BUSINESS NAME	
License/Permit Number	Series/Class
Licensee	
Old Business Name	
New Business Name	

SECTION 4 - CHANGE OF MAILING ADDRESS			
License/Permit Number	Series/Class		
Licensee			
New Mailing Address			
City	State	Zip Code	

SECTION 5 - APPLICANT SIGNATURE	
APPLICANT SIGNATURE _____	Date _____