

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

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

LICENSE INFORMATION				
License Number	Series			
Licensee of Record				
Transferee				
Business Name (D/B/A)				
Location Address	City	County	State	Zip Code
The application for transfer of the above referenced quota alcoholic beverage license has been withdrawn by the applicant, disapproved, or non-consummated by the Division of Alcoholic Beverages and Tobacco:				
<p><input type="checkbox"/> I certify that ownership of the licensed business reverted to me. I further certify that I am now operating said business, either personally or by my authorized employees, and expect to continue to operate said business until a transfer of the alcoholic beverage license is approved.</p> <p><input type="checkbox"/> I certify that ownership of the licensed business reverted to me. I further certify that I will make application to place the above referenced license in escrow; or if the license was in escrow at the time of transfer, I will request an extension of the escrow period, if applicable.</p>				
STATE OF _____		_____ APPLICANT (Signature must be notarized)		
COUNTY OF _____		_____ APPLICANT (Signature must be notarized)		
<p>The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 20____, By _____ who is () personally known to me OR () who produced _____ as identification.</p>				
_____ Notary Public			Commission Expires: _____	