

DBPR ABT-6039– Division of Alcoholic Beverages and Tobacco Notification of Election to Permit Tobacco Smoking in the Licensed Premises

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

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation. District Office Address and Contact Information Sheet is available on AB&T's page of the DBPR web site at http://www.myflorida.com/dbpr/abt/district_offices/licensing.html. Please submit your completed form to:

Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco
1940 North Monroe Street
Tallahassee, FL 32399-1021

SECTION 1 - CHECK DESIGNATION REQUESTED	
Type: SS <input type="checkbox"/> Stand-alone Bar without Food	SSF <input type="checkbox"/> Stand-alone Bar with Food

SECTION 2 – CURRENT LICENSE INFORMATION			
Alcoholic Beverage License Number		Series	
Full Name of Licensee (as it appears on your alcoholic beverage license)			
Business Name (as it appears on your alcoholic beverage license)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Mailing Address (Street or P.O. Box)			
City	State		Zip Code
Contact Person		Telephone Number () -	
Licensee Signature		Date	
Licensee Signature		Date	