

**DBPR ABT-6007 – Division of Alcoholic Beverages and Tobacco
Request for Cancellation of Permanent License or Permit**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an application packet**

**DBPR Form
ABT-6007
Revised 09/2010**

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. A District Office 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

SECTION 1 - APPLICATION INFORMATION	
Licensee or Permittee:	License/Permit Number
Business Name (D/B/A)	Series/Class /
Is the permanent license/permit accompanying this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
I, the undersigned individual, or if a registered legal entity for itself and its related parties, hereby swear or affirm that I am duly authorized to make the above request.	
I swear under oath or affirmation under penalty of perjury as provided in Sections 559.791, 562.45 and 837.06, Florida Statutes that the foregoing information is true and correct.	
STATE OF _____	
COUNTY OF _____	

APPLICANT SIGNATURE	

APPLICANT SIGNATURE	
The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day	
of _____, 20____, By _____ who is () personally	
(print name(s) of person(s) making statement)	
known to me OR () who produced _____ as identification.	
_____ Commission Expires: _____	
Notary Public	

ABT District Office Received / Date Stamp
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