

**DBPR ABT-6015 – Division of Alcoholic Beverages and Tobacco Application for
Delinquent Renewal**

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

**DBPR Form
ABT-6015
Revised 09/2010**

NOTE – This form must be submitted as part of an application packet

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 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Alcoholic Beverage License	<input type="checkbox"/> Retail Tobacco Products Dealer Permit
<input type="checkbox"/> Wholesale Cigarette Exporter & Other Tobacco Products Permits	

SECTION 2 - LICENSE INFORMATION			
Business Name (D/B/A):			
Full Name of Licensee: (This is the name the license is issued in)			Licensee ID Number:
Location Address:			
City	County	State	Zip Code
License/Permit Number	Series	Type	
Contact Person			Telephone Number - -
E-Mail Address			

SECTION 3 - DELINQUENT RENEWAL EXPLANATION
I submit the following explanation for not having renewed during the renewal period:

**SECTION 4 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Business Name (D/B/A): _____

"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 for 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.

Notary Public Commission Expires: _____

**ABT District Office Received/Date
Stamp**