
Ken Lawson, Secretary

Rick Scott, Governor

VOLUNTARY RELINQUISHMENT

I wish to voluntarily relinquish my designation as a smoking establishment. I understand that I preserve my right to re-apply for the smoking designation in the future by signing and dating below, and returning this letter by the deadline.

Business Name: _____

Licensee Name: _____

License Number: _____

Signature: _____

Date: _____