

**INSTRUCTIONS FOR COMPLETING  
DBPR ABT - 6007  
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
REQUEST FOR LICENSE CANCELLATION**

*If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) 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 web site at the link provided below:*

[Local ABT District Licensing Offices](#)

**GENERAL INSTRUCTIONS**

**Submitting Your Application**

Please complete all information. All questions are applicable and must be answered fully and truthfully.

You must provide an original application with original signatures.

**Declaration of Applicant**

Read and sign in the presence of a notary. The declaration must be signed by the individual license or permit holder, each partner of a general partnership, a general partner of a general partnership of a limited partnership, a managing member, manager, or officer of a limited liability company, each partner of a limited liability partnership, or one of the officers of a corporate license or permit holder.

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Cancellation of Permanent License or Permit</b>	<input type="checkbox"/> Complete DBPR ABT-6007 Division of Alcoholic Beverages and Tobacco Request for License Cancellation

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

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

**DBPR Form  
ABT-6007  
Revised 08/2013**

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<b>SECTION 1 - APPLICATION INFORMATION</b>	
Licensee or Permit holder: (ownership as it appears on the license or permit)	License or Permit Number
Business Name (D/B/A)	Series/Class
Is the permanent license or permit being submitted with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 2 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED</b>	
I, the undersigned declare that I am duly authorized to make the above request.	
KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE. s.837.06 F.S	
ANY PERSON WILLFULLY AND KNOWINGLY MAKING ANY FALSE ENTRIES IN ANY RECORDS REQUIRED UNDER THE BEVERAGE LAW SHALL BE GUILTY OF A FELONY OF THE THIRD DEGREE. s.562.45 F.S.	
_____	
APPLICANT NAME	
_____	
APPLICANT SIGNATURE	

<b>ABT District Office Received / Date Stamp</b>
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