

**DBPR ABT-6009 – Division of Alcoholic Beverages and Tobacco  
Application for Change of Business Name or Change of Mailing Address**

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

**DBPR Form  
ABT-6009  
Revised 01/2013**

*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 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:*

[http://www.myflorida.com/dbpr/abt/district\\_offices/licensing.html](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

<b>SECTION 1 - CHECK TRANSACTION REQUESTED</b>
<b>Transaction Type:</b>
<input type="checkbox"/> Business Name Change (\$10 Fee Required)
<input type="checkbox"/> Mailing Address Change (No Fee Required)

<b>SECTION 2 - CHANGE OF BUSINESS NAME</b>	
License/Permit Number	Series/Type
Full Name of Applicant (This is the name the license is currently issued in)	
Old Business Name (D/B/A)	
New Business Name (D/B/A)	

<b>SECTION 3 - CHANGE OF MAILING ADDRESS</b>			
License/Permit Number	Series/Type		
Full Name of Applicant (This is the name the license is currently issued in)			
New Mailing Address			
City	State	Zip Code	

<b>SECTION 4 - APPLICANT SIGNATURE</b>	
APPLICANT SIGNATURE _____	Date _____

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