

DBPR ABT-6012– Division of Alcoholic Beverages and Tobacco Notification of Election to Permit Tobacco Smoking in the Licensed Premises

This form is used to notify the division of your election to be designated as an establishment permitting smoking in the licensed premises. In order to qualify for this designation your premises must have a valid license to sell alcoholic beverages for consumption on the premises. You may choose either the “SS” or “SSF” designation.

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

**DBPR Form
ABT-6012
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. All communications regarding your application will be sent to the mailing address provided. If you would like us to communicate with someone other than the applicant, please provide the information for that person in the section labeled “Current License Information”. If you have appointed a person to act on your behalf and make changes to the application paperwork, please provide a copy of the Power of Attorney indicating such person is authorized to make changes on your behalf. If you have appointed an attorney to act on your behalf and make changes to the application paperwork, please provide a copy of the letter of representation.

A District Office Address and Contact Information Sheet can be found on AB&T’s page of the DBPR web site at http://www.myflorida.com/dbpr/abt/district_offices/licensing.html or the notification may be mailed to:

Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco
2601 Blair Stone Road
Tallahassee, FL 32399-1021

SECTION 1 - CHECK DESIGNATION REQUESTED	
Type: SS <input type="checkbox"/> Stand-alone Bar without Food	SSF <input type="checkbox"/> Stand-alone Bar with Food

SECTION 2 – CURRENT LICENSE INFORMATION			
Alcoholic Beverage License Number		Series	
Full Name of Licensee (as it appears on your alcoholic beverage license)			
Business Name (as it appears on your alcoholic beverage license)			
Location Address (Street and Number)			
City	County	State FL	Zip Code
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
Contact Person		Telephone Number	
E-Mail Address			
Licensee Signature		Date	
Licensee Signature		Date	

ABT District Office Received / Date Stamp
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