

**DBPR ABT-6031 – Division of Alcoholic Beverages and Tobacco
Request for Withdrawal of Application**

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

**DBPR Form
ABT-6031
Revised 12/2012**

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 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

SECTION 1 - APPLICATION INFORMATION

I request the withdrawal of the following application:

License/Permit Number:

Full Name of Applicant: (This is the name in which the license/permit was applied for)

Business Name (D/B/A)

Location Address (Street and Number)

City

County

State

Zip Code

If you received a temporary license/permit, is the temporary attached to this application? Yes No

**SECTION 2 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

I, the undersigned individual, or if a registered legal entity for itself, its officers and directors, 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 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: _____