

**DBPR ABT-6015 – Division of Alcoholic Beverages and Tobacco Application for  
Delinquent Renewal**

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

**DBPR Form  
ABT-6015  
Revised 09/2012**

**NOTE – This form must be submitted as part of an application packet**

*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. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR 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"/> Alcoholic Beverage License	<input type="checkbox"/> Retail Tobacco Products Dealer Permit
<input type="checkbox"/> Wholesale Cigarette Exporter & Other Tobacco Products Permits	

<b>SECTION 2 - LICENSE INFORMATION</b>			
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.			
Full Name of Licensee: (This is the name the license is issued in)		Department of State Document #	
Business Name (D/B/A):			
Location Address:			
City	County	State	Zip Code
License/Permit Number	Series	Type	
Contact Person		Telephone Number	
E-Mail Address			

<b>SECTION 3 - DELINQUENT RENEWAL EXPLANATION</b>
I submit the following explanation for not having renewed during the renewal period:

**SECTION 4 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED**

Business Name (D/B/A): \_\_\_\_\_

"I, the undersigned individual, or if a registered legal entity for itself and its related parties, 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 for 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: \_\_\_\_\_

**ABT District Office Received/Date  
Stamp**