

**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 09/2010**

**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)

**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  
FL

Zip Code

Is the temporary permit 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.

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public