

DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
FORM DBPR ABT – 6012
NOTIFICATION OF ELECTION TO PERMIT TOBACCO SMOKING AND VAPING IN THE LICENSED PREMISES

FORM DBPR ABT – 6012 IS REQUIRED TO:

- Notify the Division of the licensee's election to be designated as an establishment permitting tobacco smoking and vaping in the licensed premises.

QUALIFICATIONS:

- In order to qualify for this designation your premises must have a valid license to sell alcoholic beverages for consumption on the premises.

FORM DBPR ABT – 6012 CHECKLIST

APPLICATION FORM DBPR ABT - 6012

- Choose either the "ss" or "ssf" designation.
- Complete Sections 1 and 2.

GENERAL INSTRUCTIONS

TO PREPARE FORM DBPR ABT – 6012:

Prepare Form DBPR ABT – 6012 by completing all fields in the form. If a question on the form is not applicable, please insert "N/A."

The form must be signed by the licensee(s) of record on file with the Division. If you would like us to communicate with someone other than the licensee of record, 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.

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.

TO SUBMIT FORM DBPR ABT – 6012:

File an original and complete application with the Division by mail or by hand delivery at the Division's District Office serving the location of the licensed premise address. District Office contact information is available at: <http://www.myfloridalicense.com/DBPR/alcoholic-beverages-and-tobacco/>.

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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