

DBPR HR-7007 – Division of Hotels and Restaurants Application for Public Food Service Establishment License

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

1940 North Monroe Street, Tallahassee, Florida 32399-0783

Phone: 850.487.1395 – E-mail: www.MyFloridaLicense.com/contactus/ – Internet: www.MyFloridaLicense.com/dbpr/hr/

Section 1 – License Type

Please check the appropriate box and provide information as applicable.

Seating (2010/SEAT) No Seats (2010/NOST) Theme Park Food Cart (2012/PARK) Catering (2013/CATR) Mobile Food Dispensing Vehicle (2014/MFDV) Hot Dog Cart (2014/HTDG) Vending Machine (2015/VEND)

of Seats or Carts _____ (For fee calculation purposes only)

The division does not authorize the number of seats. For seating levels and changes to seating, the applicant must obtain wastewater approvals from the Florida Department of Health, Florida Department of Environmental Protection or the local utility authority. The local authority having jurisdiction must approve fire safety issues relating to seating levels.

Vehicle Identification Number (VIN) – for MFDVs

Use separate sheet if necessary for group licensing of theme park food carts

MFDVs - Is this vehicle self-sufficient? Yes No If "No", you are required to provide commissary information for license approval.

Vending Machine Serial Number _____

Section 2 – Application Information

Please check the appropriate box and provide information as applicable.

New Establishment or Vehicle **Change of Ownership**

(previously licensed within the last year by H&R – please provide current license # below)

OFFICE USE: TRANSACTION 1032: 2010-SEAT, 2012-PARK, 2013-CATR, 2015-VEND TRANSACTION 3020: 2010-SEAT, 2014-HTDG
TRANSACTION 1033: 2010-NOST / TRANSACTION 1034: 2014-HTDG/MFDV TRANSACTION 3021: 2010-NOST, 2012-PARK, 2013-CATR, 2014-MFDV, 2015-VEND

Plan Review Requirement Completed – File Number In progress – File Number Not required

All food service locations that have not held a license with this division within one calendar year and existing food service locations that have been remodeled require plan review. For more information, please see our website. **For faster processing, please include a copy of your letter from the Plan Review Office with your application or provide your file number above.**

License Number (change of ownership only)		* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.
Previous Business Name (change of ownership only)		
Federal Employers Identification Number (FEIN) <i>(For businesses and corporations)</i>		
Social Security Number (REQUIRED)* <i>(For president, primary shareholder, partner or individual)</i>		
Sales Tax Number (Check if exempt <input type="checkbox"/>)		
Opening Date (MM/DD/YYYY)		

Section 3 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this establishment.

FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers* of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.

Owner Name (please check one: Corporation Partnership Individual)

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City	State	Zip Code (+4 optional)
Florida County (if applicable)	Country	
Phone Number	E-Mail Address	

Section 4 – Establishment Location Information (LL)

For mobile food dispensing vehicles and hot dog carts, the license location is the primary commissary address. For self-sufficient vehicles that do not use a commissary, this address may be the owner's main address or mailing address.

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	

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Section 5 – Mailing Information (LM)

Note: This address will be used by the department for all mailings, including the license.

Complete below or check here if: Same as Section 3 – Owner and Main Address Same as Section 4 – Establishment Location

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City	State	Zip Code (+4 optional)
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Florida County (if applicable)	Country
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Phone Number	E-Mail Address
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Section 6 – License Modifiers

Seasonal: Will this establishment be operated only during a particular time period during the year? Yes No

If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date		End Date	
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Commissary: Will this establishment be operating as a commissary for a mobile food dispensing vehicle, hot dog cart or theme park food cart? Yes No

Catering: Will this establishment offer catering service, either as a primary or secondary service? Yes No

Section 7 - Additional Information

Is this food service establishment associated with a lodging establishment? Yes No

If yes, indicate the name and license number of the associated lodging establishment below

Name of Lodging Establishment	License Number of Lodging Establishment
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Is this food service establishment free standing (not within another structure, such as a hotel or mall)? Yes No

Section 8 - Signature

SECTION 559.79 (2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Applicant Name	Applicant Title
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Signature	Date
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Complete the application and supporting documents and mail them with the appropriate fees to the address on this form. Please use the entire 9-digit zip code in the address to ensure proper handling.