

**DBPR HR-7027 DIVISION OF HOTELS AND RESTAURANTS  
APPLICATION FOR PUBLIC LODGING ESTABLISHMENT LICENSE**

**Application begins on page 6**

Congratulations on your decision to consider a new business venture! As you explore this opportunity, the Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and tens of millions annual visitors. Toward that goal, we are a resource you can use to see that your new business operates within the requirements of the law.

This packet contains information regarding the legal requirements of operating your business. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday between 8AM and 6PM or go online to [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr). Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements for a new business.

We wish you the best of luck and success in your venture.

**WHO NEEDS A PUBLIC LODGING ESTABLISHMENT LICENSE?**

Anyone planning to operate a public lodging establishment in Florida will need a license from the Department of Business and Professional Regulation, Division of Hotels and Restaurants. According to section 509.013 (4), Florida Statutes (FS):

(4)(a) "Public lodging establishment" includes a transient public lodging establishment as defined in subparagraph 1. and a nontransient public lodging establishment as defined in subparagraph 2.

1. "Transient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests.

2. "Nontransient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests for periods of at least 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests for periods of at least 30 days or 1 calendar month.

License classifications of public lodging establishments, and the definitions therefore, are set out in s. 509.242. For the purpose of licensure, the term does not include condominium common elements as defined in s. 718.103.

(b) The following are excluded from the definitions in paragraph (a):

1. Any dormitory or other living or sleeping facility maintained by a public or private school, college, or university for the use of students, faculty, or visitors;

2. Any facility certified or licensed and regulated by the Agency for Health Care Administration or the Department of Children and Family Services or other similar place regulated under s. 381.0072;

3. Any place renting four rental units or less, unless the rental units are advertised or held out to the public to be places that are regularly rented to transients;

4. Any unit or group of units in a condominium, cooperative, or timeshare plan and any individually or collectively owned one-family, two-family, three-family, or four-family dwelling house or dwelling unit that is rented for periods of at least 30 days or 1 calendar month, whichever is less, and that is not advertised or held out to the public as a place regularly rented for periods of less than 1 calendar month, provided that no more than four rental units within a single complex of buildings are available for rent;

5. Any migrant labor camp or residential migrant housing permitted by the Department of Health; under ss. 381.008-381.00895;

6. Any establishment inspected by the Department of Health and regulated by chapter 513,

7. Any nonprofit organization that operates a facility providing housing only to patients, patients' families, and patients' caregivers and not to the general public.

8. Any apartment building inspected by the United States Department of Housing and Urban Development or other entity acting on the department's behalf that is designated primarily as housing for persons at least 62 years of age. The division may require the operator of the apartment building to attest in writing that such building meets the criteria provided in this subparagraph. The division may adopt rules to implement this requirement.

9. Any roominghouse, boardinghouse, or other living or sleeping facility that may not be classified as a hotel, motel, vacation rental, nontransient apartment, bed and breakfast inn, or transient apartment under s. 509.242.

**APPLICATION REQUIREMENTS**

Before submitting the application, please complete the following requirements:

- **Beverage License (if applicable)** - Contact the Division of Alcoholic Beverages and Tobacco for an application. Contact the Division of Hotels and Restaurants for signature at a satisfactory opening inspection. Send the approved Division of Hotels and Restaurants inspection form with the appropriate application to the Division of Alcoholic Beverages and Tobacco.
- **Florida Sales Tax Number or proof of exemption** - Contact the Department of Revenue, Sales Tax Division, at 1.800.352.3671. For additional information, please refer to <http://www.state.fl.us/dor/>.
- **Federal Employer Identification Number (FEIN)** - Contact the U. S. Internal Revenue Service for an FEIN application (SS-4) at 1.800.829.4933, or download the application from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>.
- **Social Security Number or Individual Taxpayer Identification Number (ITIN)** - The Internal Revenue Service assigns an ITIN to individuals who are not eligible for a social security number due to their status as an alien. Each ITIN begins with the number nine and is formatted in the same configuration as a social security number (900-00-0000). This number is available to alien operators upon the approval of their IRS form W-7, Application for IRS Individual Taxpayer Identification Number application. To obtain the form, contact the IRS at 1.800.829.4933 or download the form from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>. The IRS will process the application for an ITIN within five to six weeks.
- **Completed form DBPR HR-7027, Application for Public Lodging Establishment License** – Complete and submit the application (available online at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr)) in its entirety, including signature. If the establishment is a vacation rental (a transiently rented unit or group of units in a condominium, cooperative, or timeshare plan or any individually or collectively owned single-family, two-family, or four-family house or dwelling unit), please complete form [DBPR HR-7028, Application for Vacation Rental License](#), instead of this form. Any omissions will result in the application being returned and a delay in the issuance of the license.
- **Completed form DBPR HR-7020, Certificate of Balcony Inspection** - This is the current form used to satisfy the requirements for balcony certification required by Florida law and rule 61C-3.001(5), Florida Administrative Code.
- **Appropriate Fees** – Fees are listed in rule 61C-1.008, Florida Administrative Code. For your convenience, we provide an automated fee calculator and fee tables on our website at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr). If you are unsure of the fee, please contact the DBPR Customer Contact Center at 850.487.1395 for the correct license fee amount. In addition to the license fee, there is a one-time application processing fee of \$50. Please make your check or money order for your fees made payable to the Department of Business and Professional Regulation. The division does not accept cash payments.
- **Mail Applications and Fees** – When you have completed the application and supporting documents above, mail them with the appropriate fees to:

**Division of Hotels and Restaurants  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Reminder: Please use the entire 9-digit zip code in the address above to ensure proper handling. An incomplete application will result in the application being delayed or denied. Please allow up to 30 days for processing after mailing.**

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- **Opening Inspection** – Once we have received and processed all of the above requirements, we will contact you for an opening inspection.
  - If you have 1) submitted your application and fees, 2) you are ready to open your establishment, and 3) you have not heard from us about your inspection, please contact the DBPR Customer Contact Center at 850.487.1395 to request an inspection.
  - Inspectors do not routinely conduct pre-opening or courtesy inspections. Do not call to schedule an opening inspection unless absolutely ready to open.
  - When opening a newly built, converted or reopened establishment, do not begin to rent units to the public until obtaining a satisfactory inspection and a license to operate.
  - Change of ownership applications do not require an inspection if the previous owner received a satisfactory inspection within 120 days before the application is processed. If there was no inspection within this time period, we will conduct the opening inspection after you legally become the new owner.
  - Have proof of other approvals on site, such as building, electrical, fire, plumbing, etc.

### INSTRUCTIONS FOR COMPLETING THE APPLICATION

#### SECTION 1 – LICENSE TYPE

Choose one box that most closely describes the planned establishment and list the number of rental units being licensed. Section 509.242(2), FS, states: If 25 percent or more of the units in any public lodging establishment fall within a classification different from the classification under which the establishment is licensed, such establishment shall obtain a separate license for the classification representing the 25 percent or more units which differ from the classification under which the establishment is licensed. The following definitions are provided from section 509.242, FS, unless otherwise indicated.

- **Hotel** – A hotel is any public lodging establishment containing sleeping room accommodations for 25 or more guests and providing the services generally provided by a hotel and recognized as a hotel in the community in which it is situated or by the industry.
- **Motel** – A motel is any public lodging establishment which offers rental units with an exit to the outside of each rental unit, daily or weekly rates, offstreet parking for each unit, a central office on the property with specified hours of operation, a bathroom or connecting bathroom for each rental unit, and at least six rental units, and which is recognized as a motel in the community in which it is situated or by the industry.
- **Nontransient Apartment** – A nontransient apartment is any apartment building or complex of buildings in which 75 percent or more of the units are available for rent to nontransient tenants. According to the exemption in section 509.013(4)(b), FS, the division only licenses nontransient apartments with more than 4 rental units. Florida law also exempts apartment buildings that are designated primarily as housing for persons at least 62 years of age and are inspected by the United States Department of Housing and Urban Development (HUD) or other entity acting on HUD's behalf. The division may require the operator of an exempt HUD-inspected apartment building to provide documentation.
- **Transient Apartment** – A transient apartment is any apartment building or complex of buildings in which more than 25 percent of the units are advertised or held out to the public as available for transient occupancy.
- **Bed and Breakfast Inn** – A bed and breakfast inn is a family home structure, with no more than 15 sleeping rooms, which has been modified to serve as a transient public lodging establishment, which provides the accommodation and meal services generally offered by a bed and breakfast inn, and which is recognized as a bed and breakfast inn in the community in which it is situated or by the hospitality industry.

**Number of Rental Units:** List the number of rental units being licensed. This directly affects the license fee. (Required)

## SECTION 2 – APPLICATION INFORMATION

- **Application Type** – indicate the type of application to be processed. For newly constructed establishments or facilities converted from another previous usage, choose “New Establishment.” For all establishments that were previously licensed, choose “Change of Ownership.”
- **License Number and Previous Business Name** – for applications for change of ownership, please indicate the previous license number and previous business name if known. This information will facilitate the processing of the application.
- **Federal Employers Identification Number (FEIN)** – required for business/corporate applicants.
- **Social Security Number** – at least one social security number is required. 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. Social security numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.
- **Sales Tax Number** – required by the Florida Department of Revenue to do business. If exempt, please mark the checkbox accordingly.
- **Opening Date** – please indicate the date the establishment will be opened for business.

## SECTION 3 – OWNER AND MAIN ADDRESS

Complete this information for the establishment owner as completely as possible. Incomplete information will result in the application being delayed or denied.

- **Owner Name** – individual person or organization that currently owns the establishment. Also, check the appropriate box indicating whether the owner is legally a corporation, partnership or individual person. 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. (Required)
- **Routing Name** – if contact name is different than the owner, please indicate in the space provided. (Optional)
- **Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country** – address of record for purpose of official communications from the department. (Required)
- **Phone Number** – primary contact number for questions or concerns about the application. (Required)
- **E-Mail Address** – additional means of contacting applicant. (Optional)

## SECTION 4 – ESTABLISHMENT LOCATION INFORMATION

Complete the establishment information as completely as possible. Incomplete information will result in the application being delayed or denied.

- **Establishment Name (Doing Business As [DBA])** – the proposed name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Hilton #3 or Marriott Tallahassee). (Required)
- **Street Address, City, Zip Code, Florida County** – address of the establishment. (Required)
- **Phone Number and E-Mail Address** – alternate contact information if available. (Optional)

## SECTION 5 – MAILING INFORMATION

This is an optional additional address for mailing if applicable. If this information is the same as Section 3 or Section 4, please indicate.

- **Routing Name** – if correspondence should be mailed to a different name than the owner, please indicate in the space provided. (Optional)

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- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

**SECTION 6 – LICENSE MODIFIER**

**Seasonal:** Please answer this question. If the facility is intended to operate for a limited amount of time each year (i.e., seasonal), indicate approximate start and end dates for operation. (Optional)

**SECTION 7 – SIGNATURE**

Please print name and title, and then sign and date the application before submitting. (Required)

**Complete the application and supporting documents and mail them with the appropriate fees to:**

**Division of Hotels and Restaurants  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Please use the entire 9-digit zip code in the address above to ensure proper handling. Please allow up to 30 days for processing after mailing.**

After we receive and process the application documents and fees, we will contact you to schedule an opening inspection. If you have not heard from us within 30 days, or you have an urgent need to open your establishment sooner, please contact the DBPR Customer Contact Center at 850.487.1395 a few days before your opening date to schedule an inspection. Satisfactory inspection is required for all public lodging establishment licensees except vacation rentals and ownership transfers that previously had a satisfactory inspection within the past 120 days.

**DBPR HR-7027 – Division of Hotels and Restaurants Application for Public Lodging 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: <http://www.MyFloridaLicense.com/contactus/> – Internet: [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/)

**Section 1 – License Type**

Please check the box that best describes the license type.

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Hotel (2001/HOTL) | <input type="checkbox"/> Nontransient Apartment (2003/NAPT) | <input type="checkbox"/> Bed and Breakfast Inn (2005/BNB) |
| <input type="checkbox"/> Motel (2002/MOTL) | <input type="checkbox"/> Transient Apartment (2003/TAPT)    |   |

**NUMBER OF RENTAL UNITS**

**Section 2 – Application Information**

Please check the appropriate box and provide information as applicable.

|   |   |
|---|---|
| <input type="checkbox"/> <b>New Establishment</b> | <input type="checkbox"/> <b>Change of Ownership</b><br>(previously licensed within the last year by H&R – please provide current license # below) |
|---|---|

OFFICE USE: TRANSACTION 1030: 2001, 2002, 2003/NAPT, 2005  
TRANS. 1031: 2003/TAPT

TRANSACTION 3021: 2001, 2002, 2003/NAPT, 2005 / TRANS. 3020: 2003/TAPT

|   |  |   |
|---|--|---|
| 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)<br><i>(For businesses and corporations)</i>                      |  |   |
| Social Security Number <b>(REQUIRED)*</b><br><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)**

Establishment Name (DBA)

Street Address

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

**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) |
| Florida County (if applicable) | Country        |                        |
| Phone Number                   | E-Mail Address |                        |

**Section 5 - License Modifier**

**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

**Section 6 - 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 |
| Signature      | Date            |

Complete the application and supporting documents and mail them with the appropriate fees to:

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**Department of Business and Professional Regulation**  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

**Reminders:**

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