

**DBPR HR-7030 – Division of Hotels and Restaurants Application for Public Food Service Establishment License with Plan Review**

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 Division of Hotels and Restaurants  
 2601 Blair Stone Road, Tallahassee, Florida 32399-1011  
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 Internet: [www.myfloridalicense.com/DBPR/hotels-restaurants/](http://www.myfloridalicense.com/DBPR/hotels-restaurants/)

For Office Use Only
Log Number
File Number

**NOTE – Please submit completed application with plans, fees and supporting documents in Section 9.**

**Section 1 – Office Use Only**

Date Received			Initials	\$50 One Time Application Fee + License Fees	
Month	Day	Year		Check #	Money Order #

**Section 2 – License Type**

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE SEATING INFORMATION IF APPLICABLE.  
 FOR MORE INFORMATION ON FOOD SERVICE LICENSE TYPES VIEW OUR GUIDES: [WHICH DO I CHOOSE?](#)

<b>Fixed Establishments:</b>	* <input type="checkbox"/> Seating (2010/SEAT)	<input type="checkbox"/> No Seats (2010/NOST)	<input type="checkbox"/> Catering (2013/CATR)
<b>Culinary Education Programs:</b>	* <input type="checkbox"/> With Seating (2023/SEAT) <input type="checkbox"/> No Seating (2023/NOST)		
<b>*Number of Seats:</b>	(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.

**Section 3 – Application Information**

Please check the appropriate box and provide information as applicable.

**New Establishment**

**Change of Ownership**

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

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) (For businesses and corporations)		
Social Security Number (REQUIRED)* (For president, primary shareholder, partner or individual)		
Sales Tax Number (Check if exempt <input type="checkbox"/> )		
Opening Date (MM/DD/YYYY)		

**Section 4 – 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 5 – Establishment Location Information (LL)**

Establishment Name (DBA)

Street Address

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

**DBPR HR-7030 – Division of Hotels and Restaurants Application for Public Food Service Establishment License with Plan Review**

**Section 6 – 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 4 – Owner and Main Address  Same as Section 5 – 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 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 – Supporting Documents**

Please attach the following documents:

- Minimum of two (2) sets of scaled plans, for both new and remodeled, showing all kitchen equipment, plumbing fixtures, bars, storage areas, etc. We will keep one set for our records. You may submit as many sets of plans that you need stamped for local authorities.
- Proposed Menu (list of specific foods)
- Proof of Approved Water and Sewer – You may submit a recent copy of water and/or sewer bill as proof of approval. If your business is on a well or septic tank, or if you do not have a copy of your water/sewer bill, please submit a completed **EVALUATION OF ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY CAPACITY** form with your plans. Your local authority must sign this form. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.
- Equipment Specifications (if proposed equipment is not customary for food service operations)

**Section 9 – Plan Review Type**

Please check the box that best describes your establishment. Please check only one box.

New  Closed More than 1 Year  Change owner with remodel

**Section 10 – General Information**

Maximum Number of Staff per Shift	Total Square Footage of the Establishment	Number of Exits
Projected Start Date of Construction		Projected Completion Date of Construction

**Approved plans are valid for one (1) year. Extensions must be requested in writing prior to expiration.**

**Section 11 – Finish Schedule**

Please indicate the type of material used in the following areas (for example, quarry tile, FRP, stainless steel, etc.).

**Construction finishes must be smooth, easily cleanable and nonabsorbent.**

	Floor	Wall	Cove Base (Baseboards)	Ceiling
Food Preparation				
Food Storage				
Dishwashing Area				
Bathrooms				
Dry Storage				
Bar				

No studs, joists or rafters may be exposed in areas of moisture. Where the wall meets the floor must be curved and sealed.

**DBPR HR-7030 – Division of Hotels and Restaurants Application for Public Food Service Establishment License with Plan Review**

**Section 12 – Dishwashing Facilities – Show On Plans**

**Manual** (3-compartment sink with drainboards or equivalent shelving)

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**Mechanical** (Dishmachine/Glass washer)      **Sanitization Method:**     Chemical     Heat (Hot Final Rinse)

**Section 13 – Other Facilities – Show On Plans**

Number of Bathrooms	Public	Employee	Unisex	Total
Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s).				
Number of handwash sinks		Number of prep sinks		
Mop sink location		Water heater location		

**Section 14 – Fire Safety Equipment – For Reporting Purposes**

Show location of fire extinguishers on plans.

Types and number of each fire extinguisher	Minimum 2A10BC	K Class
Automatic hood suppression system installed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Required when grease-laden vapors or smoke are produced.</b>
Sprinkler system installed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Required if occupancy is over 300.</b>

**Section 15 - 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 the address on this form. Please use the entire 9-digit zip code in the address to ensure proper handling.**