



State of Florida
Department of Business and Professional Regulation
Division of Hotels and Restaurants

SEATING CHANGE EVALUATION

Completion of this form ensures that public food service establishments are evaluated for adequate sewage and fire services before expanding seating operations. Submit the completed form to the local Division of Hotels and Restaurants district office.

SECTION 1 – ESTABLISHMENT INFORMATION			
Establishment Name:		License Number:	Current No. Seats: Proposed No. Seats:
Address of Establishment:		Contact Person Name / Phone No.:	
City:	County:	Zip:	Contact Person E-Mail Address:

SECTION 2 – WASTEWATER SYSTEM	
(To Be Completed By DOH, DEP or Utility Authority)	

The above named food service establishment uses the following wastewater disposal system (choose one type):

<input type="checkbox"/> Municipal / Utility	Name of Provider:	Grease Trap Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Location <input type="checkbox"/> In-ground <input type="checkbox"/> Undersink
<input type="checkbox"/> Package Plant	Name of Provider:	Grease Trap Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Location <input type="checkbox"/> In-ground <input type="checkbox"/> Undersink
<input type="checkbox"/> Septic Tank System	Permit #:	Tank Size:	Drainfield Size: Grease Trap Size:

SYSTEM EVALUATION RESULT:

Permit Issued **Final Approval** **Denied (see comments)**

LIMITATIONS ON SYSTEM	Comments:
<input type="checkbox"/> Single-Service Only <input type="checkbox"/> Other Conditions <input type="checkbox"/> Maximum Number of Hours of Operation <input style="width: 50px; height: 20px;" type="text"/> <input type="checkbox"/> Maximum Number of Seats Permitted <input style="width: 50px; height: 20px;" type="text"/> <input type="checkbox"/> Menu Restricted (see comments)	

Name & Title	Agency
Signature	Date
Address	Phone

SECTION 3 – FIRE SAFETY	
(To Be Completed By Local Authority Having Jurisdiction)	

The above named food service establishment proposes to increase the seating capacity

Number of Exits	Public:	Employee:	Total:
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FIRE SAFETY EVALUATION RESULT:

<input type="checkbox"/> Approved	Comments:
<input type="checkbox"/> Denied (see comments)	

Name & Title	Agency
Signature	Date
Address	Phone

H&R Change Record Form Attached