DBPR HR-7031 – Division of Hotels and Restaurants Application for Mobile Food Vehicle License with Plan Review

STATE OF FLORIDA, DE Division of Hotels and R 2601 Blair Stone Road, 1	For Office Use Only								
Phone: 850.487.1395 – E		Log Number							
Internet: www.myflorida		File Number							
		pplication with p	olans, fee	s and supporting documen	ts in Section 8.	Number			
Section 1 – Office Use C	nly	Initials		¢50 One Time	e Application Fee + Lic	ороо Гооо			
Month Day	Year	muais	Chec		Money Order				
,			000		money erael				
Section 2 – License Type									
Please check the appropriate box and provide information as applicable.									
☐ Mobile Food Dispensing Vehicle (2014/MFDV) ☐ Hot Dog Cart (2014/HTDG) ☐ Theme Park Food Cart (2012)									
# of Theme Park Food Carts (For fee calculation purposes						_			
Vehicle Identification Num	ber (VIN)								
Use separate sheet if necessary for group licensing of theme park food carts									
Is this vehicle self-sufficie	nt? 🗌 Ye	s ☐ No If "N	lo", you a	re required to provide com	missary information	for plan approval.			
Section 3 – Plan Review			· · ·	and Production					
Please check the appropr		na proviae intorr							
☐ New Vehi	icie(s)			ange of Ownership	hy H&D nlogeo prov	vide current license # below)			
OFFICE USE: TRANSACTION 1034	4: 2012-PARK,		(previous	sly licensed within the last year TRANSACTION 3020: 2		vide current licerise # below)			
		/ TRANSACTION 103	36: 2014- MF	FDV TRANSACTION 3021: 2		doral Drivoov Act. disclosure of			
License Number (change of ownership only)					Social Security	deral Privacy Act, disclosure of Numbers is voluntary unless			
Previous Business Name (change of ownership only)					specifically req	specifically required by Federal statute. In this instance, disclosure of social security numbers			
Federal Employers Identif		mber (FEIN)			is mandatory p	ursuant to Title 42 United States			
(For businesses and corporations)					Code, Sections	653 and 654; and sections			
Social Security Number (REQUIRED)*						2598, and 559.79, Florida al Security numbers are used to			
(For president, primary shareholder, partner or individual)					allow efficient s	screening of applicants and			
Sales Tax Number (Check if exempt □)					licensees by a Title IV-D child support a to assure compliance with child support				
Opening Date (MM/DD/YYYY)						mance with child support			
Section 4 – Owner and M		· /							
				cord" for the owner of this e					
				RATIONS OR COOPERATIVES, plea		or sheets listing the name, address, ddress, and social security numbers* of			
each officer, director, chief executive				les of the issuing agency, is determine					
business of the licensed entity. Owner Name (please chemical properties)	ck one: □	Corporation	Partner	rship 🗆 Individual)					
(p. 646 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	on one		, . w						
Routing Name (e.g., Mana	agement C	ompany, contac	ct name)						
Street Address or Post Of	fice Box								
City			State Zip Cod		Zip Code (+4 optio	nal)			
Florida County (if applicable)			Country						
Phone Number	E-Mail Ad	ddress	-						

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Section 5 – 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)						
Florida Driver License #				Florida License Tag #		
Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts that are not self-sufficient)						
City	City		Zip Code (+4 optional)		Florida County	
Phone Number		E-Mail Address				
	1					
Section 6 - Maili	ng Infor	mation (LM)				
		e used by the department				
		here if: Same as Section		Main Address S	ame as Section 5 – Establishment Location	
Routing Name (e.	g., Mana	agement Company, contac	ot 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 - Supp	orting	Documents				
Please attach the	followin	g documents:				
					ixtures, 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.						
For vehicles that are not self-sufficient, DBPR HR-7022—Division of Hotels and Restaurants Commissary Notification for						
 all commissaries to be used by this vehicle. We cannot approve the plans without the information on this form. Proof of Approved Water and Sewer for each proposed commissary location or, for self-sufficient vehicles, other location where 						
 Proof of Approved Water and Sewer for each proposed commissary location or, for self-sufficient vehicles, other location where these services are acquired. – 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.						
Section 8 – Plan Review Type Please check the box that best describes your establishment. Please check only one box.						
Please check the ☐ New]	t best describes your estal sed More than 1 Year		ge owner with remo		

Section 9 - General Information

Menu Information (list all foods that will be served from your vehicle)

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Section 9 – General Information - Continued					
The wastewater tank must be at least 15% larger than the fresh water tank. Tanks must be a part of the vehicle.					
Water Tank Size (gallons) and Location					
Water Heating Device Size (gallons) and Location					
Wastewater Tank Size (gallons) and Location					
Vehicle Interior Finishes (for enclosed units only-for example, FRP, vinyl, painted metal, etc.)					
Floor					
Cove Base (Baseboards)					
Walls					
Ceiling					
Section 11 - 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.