

DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants
 2601 Blair Stone Road, Tallahassee, Florida 32399-1011
 Phone: 850.487.1395 – E-mail: thr.planreview@myfloridalicense.com
 Internet: www.myfloridalicense.com/DBPR/hotels-restaurants/

| |
|---------------------|
| For Office Use Only |
| Log Number |
| File Number |

NOTE – This form must be submitted as part of an application packet.

Section 1 – Mobile Food Dispensing Vehicle Information

| | |
|--------------------|----------------------------------|
| Owner Name | Phone Number (include area code) |
| Vehicle Name (DBA) | License Number |

Section 2 – Primary Commissary Information

Primary Commissary Name

Commissary Address

| | | |
|------|------------------------|--------|
| City | Zip Code (+4 optional) | County |
|------|------------------------|--------|

Primary Phone Number (include area code)

| | |
|--|------------------------|
| Primary Commissary License Number (if available) | Primary E-Mail Address |
|--|------------------------|

Licensed By: DBPR Department of Agriculture & Consumer Services

Section 3 – Commissary Activities

I intend to conduct the following activities at my primary commissary:

| | | | |
|------------------------------------|--|--|--|
| Dish or equipment washing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Storing food (including ice or drinks) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dumping wastewater | <input type="checkbox"/> Yes <input type="checkbox"/> No | Storing dry goods | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receiving potable water | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cooking and/or reheating food | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Washing the outside of the vehicle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (Describe below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4 – Signature

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.** I understand that failure to complete the application or submit required documentation will delay processing or approval of plans and licensure.

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

For additional commissaries submit a new form, use as many as needed.

