

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

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants
 1940 North Monroe Street, Tallahassee, Florida 32399-1011

Phone: 850.487.1395 – E-mail: dhr.planreview@dbpr.state.fl.us
 Internet: www.MyFloridaLicense.com/dbpr/hr/

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
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Primary Phone Number (include area code)

Primary Commissary License Number (if available)	Primary E-Mail Address
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Licensed By DBPR Department of Agriculture & Consumer Services Department of Health None

Water Supply of Primary Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number
Wastewater Disposal of Primary Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

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 3 – 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
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Please list additional commissaries used on the next page. Use as many pages as needed. Check here if additional commissaries are used.

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Section 4 --- Additional Commissaries

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By DBPR Department of Agriculture & Consumer Services Department of Health None

Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

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

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By DBPR Department of Agriculture & Consumer Services Department of Health None

Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

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