

**DBPR HR-7022 – Commissary Services Notification**

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
Division of Hotels and Restaurants  
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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 or Temporary Commercial Kitchen Information**

Owner Name	Phone Number (include area code)
Vehicle or Kitchen Name (DBA)	License Number

**Section 2 – Primary Commissary Information**

Commissary Name		
Commissary Address		
City	Zip Code (+4 optional)	County
Phone Number (include area code)		
Commissary License Number (if available)	E-Mail Address	
Licensed By:	<input type="checkbox"/> DBPR <input type="checkbox"/> Department of Agriculture & Consumer Services	

**Section 3 – Commissary Activities**

I intend to conduct the following activities at my 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**

Print Name	Signature	Date
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For additional commissaries submit a separate form for each additional commissary.

