

DBPR HR-7027 – Division of Hotels and Restaurants Application for Public Lodging Establishment License

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 Blair Stone Road, Tallahassee Florida 32399-0783

Phone: 850.487.1395 – Web: www.myfloridalicense.com/DBPR/hotels-restaurants/**Section 1 – License Type and Rental Units**

Please check the box that best describes the license type and enter the number of rental units for the establishment.

<input type="checkbox"/> Hotel (2001/HOTL)	<input type="checkbox"/> Nontransient Apartment (2003/NAPT)	<input type="checkbox"/> Bed and Breakfast Inn (2005/BNB)
<input type="checkbox"/> Motel (2002/MOTL)	<input type="checkbox"/> Transient Apartment (2003/TAPT)	

Enter the number of rental units: # **Required to calculate license fees****Section 2 – Application Information**

Please check the appropriate box and provide information as applicable.

<input type="checkbox"/> New Establishment	<input type="checkbox"/> Change of Ownership (previously licensed within the last year by H&R – please provide current license # below)
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OFFICE USE: TRANSACTION 1030: 2001, 2002, 2003/NAPT, 2005
TRANS. 1031: 2003/TAPT

TRANSACTION 3021: 2001, 2002, 2003/NAPT, 2005 / TRANS. 3020: 2003/TAPT

License Number (change of ownership only)		* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.
Previous Business Name (change of ownership only)		
Federal Employers Identification Number (FEIN) (For businesses and corporations)		
Social Security Number (REQUIRED)* (For president, primary shareholder, partner or individual)		
Sales Tax Number (Check if exempt <input type="checkbox"/>)		
Opening Date (MM/DD/YYYY)		

Section 3 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this establishment.

FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers* of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.

Owner Name - please check one: ☐ Corporation ☐ Partnership ☐ Individual

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City	State	Zip Code (+4 optional)
Florida County (if applicable)	Country	
Phone Number	E-Mail Address	

Section 4 – Establishment Location Information (LL)

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	

Section 5 – Mailing Information (LM)

Note: This address will be used by the department for any mailings.

Complete below or check here if: Same as Section 3 – Owner and Main Address ☐ Same as Section 4 – Establishment Location ☐

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City	State	Zip Code (+4 optional)
Florida County (if applicable)	Country	
Phone Number	E-Mail Address	

Section 6 - License Modifier

Seasonal: Will this establishment be operated only during a particular time period during the year? ☐ Yes ☐ No

If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date

End Date

Section 7 - 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

Application Checklist - Did you remember to...

1. Enter the number of rental units?
2. Include the opening date?
3. Include the previous license number and name of business if changing ownership?
4. Include your DBA name?
5. Double check the establishment location address is accurate and matches the license location address of the previous business if changing ownership?
6. Include full payment? Reference the fee schedule at <http://www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/lodging-fees/> or call 850-487-1395 if you need assistance with fees.
7. Use the entire 9-digit zip code in the address below to ensure proper handling if submitting by mail.
8. Create an [Online Account](#) to self-print your license?

More resources are available on our website: www.myfloridalicense.com/DBPR/hotels-restaurants/

