

DBPR HR 7032 – Attestation for Exclusion from Public Lodging Establishment License

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 – Web: www.MyFloridaLicense/contactus/ & www.myfloridalicense.com/DBPR/hotels-restaurants/

Section 1 – License Information

Please check the box for the license type.

Nontransient Apartment (2003/NAPT)

Transient Apartment (2003/TAPT)

License Number

Section 2 – Exclusion Information

Criteria for exclusion under s. 509.013(4)(b)8., F.S.: Any apartment building inspected by the U.S. Department of Housing and Urban Development and designated primarily as housing for persons at least 62 years of age.

Please check the box for the type of exclusion.

Full exclusion - All buildings under the license meet the criteria for the exclusion.

Partial exclusion – Only the building(s) listed in Section 4 meet the criteria for the exclusion.

Section 3 – Owner and Establishment Information

Owner Name

Establishment Name (DBA)

Street Address

City

Zip Code (+4 optional)

Florida County

Section 4 – Excluded Apartment Building Information

COMPLETE THIS SECTION IF YOU ARE SUBMITTING AN ATTESTATION FOR A PARTIAL EXCLUSION

(Attach additional sheets if necessary)

Provide information for the excluded apartment building(s) that are part of the establishment listed in Section 3 only.

Building Number (or other specific identifier)	Number of Units	Building Number (or other specific identifier)	Number of Units

Number of Units Licensed	Minus (-)	Total Number of Units Excluded	Equals (=)	Number of Units Remaining on License

Section 5 - Signature

I attest that the apartment building(s) indicated above are inspected by the U.S. Department of Housing and Urban Development or other entity acting on the department's behalf and designated primarily as housing for persons at least 62 years of age.

Check the statement applicable to the exclusion type:

Full: I understand the owner or operator is responsible for applying for a new license if a full exclusion from licensure as a public lodging establishment under s. 509.013(4)(b)8, F.S., no longer applies.

Partial: I understand the operator must add the apartment building(s) and number of units included under the license, if any of the listed apartment building(s) no longer qualify for the exclusion under s. 509.013(4)(b)8, F.S.

I certify that I am empowered to execute this attestation. 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 attestation and the facts stated in it are true.

Name _____ Title _____

Signature _____ Date _____

Complete the attestation and mail it to:

Division of Hotels and Restaurants
Department of Business and Professional Regulation 2601 Blair
Stone Road
Tallahassee, FL 32399-1011

Or email it to: TierN.DHRLicensing@myfloridalicense.com

Please use the entire 9-digit zip code in the address above to ensure proper handling.

