## DBPR HR 7032 - Attestation for HUD 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 (+-		optional) Flo		ida 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						
Building Number (or other specific identifier) Number of Units Building Number (or other specific identifier) Number of Units					Number of Units	
Building Number (or other specific identifier)  Number of Units  Building Number of Units			Building Number (or other specific identifier) Number of Units			
Total Number of Units  Minus (-)  Number of Units	its Excluded	cluded Equ		umber of Units to be Licensed		
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 its behalf and is 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 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 that if the listed apartment building(s) no longer qualify for the exclusion, then the owner or operator must add these buildings to a public lodging license.						
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: <u>TierN.DHRLicensing@myfloridalicense.com</u>

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

