

**INSTRUCTIONS FOR COMPLETING  
DBPR HR- 7007  
DIVISION OF HOTELS AND RESTAURANTS  
APPLICATION FOR PUBLIC FOOD SERVICE ESTABLISHMENT LICENSE**

**Application begins on page 6**

Congratulations on your decision to consider a new business venture! As you explore this opportunity, the Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and more than 50 million annual visitors. Toward that goal, we are a resource you can use to see that your new business operates within the requirements of the law.

Our plan reviewers will assist you in meeting the design requirements in the law, and our inspectors will provide educational support on site to help you meet the minimum requirements for healthy and safe conditions and products.

This packet contains information regarding the legal requirements of operating your business. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday between 8AM and 6PM or go online to [www.MyFloridaLicense.com/dpbr/hr](http://www.MyFloridaLicense.com/dpbr/hr). Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements for a new business.

We wish you the best of luck and success in your venture.

**WHO NEEDS A PUBLIC FOOD SERVICE ESTABLISHMENT LICENSE?**

Anyone planning to operate a public food service establishment in Florida will need a license from the Department of Business and Professional Regulation, Division of Hotels and Restaurants. According to section 509.013 (5), Florida Statutes (FS):

- (a) "Public food service establishment" means any building, vehicle, place, or structure, or any room or division in a building, vehicle, place, or structure where food is prepared, served, or sold for immediate consumption on or in the vicinity of the premises; called for or taken out by customers; or prepared prior to being delivered to another location for consumption.
- (b) The following are excluded from the definition in paragraph (a):
1. Any place maintained and operated by a public or private school, college, or university: a. For the use of students and faculty; or b. Temporarily to serve such events as fairs, carnivals, and athletic contests.
  2. Any eating place maintained and operated by a church or a religious, nonprofit fraternal, or nonprofit civic organization: a. For the use of members and associates; or b. Temporarily to serve such events as fairs, carnivals, or athletic contests.
  3. Any eating place located on an airplane, train, bus, or watercraft which is a common carrier.
  4. Any eating place maintained by a hospital, nursing home, sanitarium, assisted living facility, adult day care center, or other similar place that is regulated under s. 381.0072, Florida Statutes.
  5. Any place of business issued a permit or inspected by the Department of Agriculture and Consumer Services under s. 500.12, Florida Statutes.
  6. Any place of business where the food available for consumption is limited to ice, beverages with or without garnishment, popcorn, or prepackaged items sold without additions or preparation.
  7. Any theater, if the primary use is as a theater and if patron service is limited to food items customarily served to the admittees of theaters.
  8. Any vending machine that dispenses any food or beverages other than potentially hazardous foods, as defined by division rule.
  9. Any vending machine that dispenses potentially hazardous food and which is located in a facility regulated under s. 381.0072, Florida Statutes.
  10. Any research and development test kitchen limited to the use of employees and which is not open to the general public.

## **APPLICATION REQUIREMENTS**

**Before submitting the application, please complete the following requirements:**

- Beverage License (if applicable)** - Contact the Division of Alcoholic Beverages and Tobacco for an application and information on the application process. The Division of Hotels and Restaurants inspector will sign the beverage application upon completion of a satisfactory inspection. The Division of Hotels and Restaurants plan reviewer may sign the beverage application upon approval of a plan review without performing an inspection.
- Florida Sales Tax Number or proof of exemption** - Contact the Department of Revenue, Sales Tax Division, at 1.800.352.3671. For additional information, please refer to <http://www.state.fl.us/dor/>.
- Federal Employer Identification Number (FEIN)** - Contact the U. S. Internal Revenue Service for an FEIN application (SS-4) at 1.800.829.4933, or download the application from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>.
- Social Security Number or Individual Taxpayer Identification Number (ITIN)** - The Internal Revenue Service assigns an ITIN to individuals who are not eligible for a social security number due to their status as an alien. Each ITIN begins with the number nine and is formatted in the same configuration as a social security number (900-00-0000). This number is available to alien operators upon the approval of their IRS form W-7, Application for IRS Individual Taxpayer Identification Number application. To obtain the form, contact the IRS at 1.800.829.4933 or download the form from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>. The IRS will process the application for an ITIN within five to six weeks.
- Plan Review** - Please visit our website at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/) or contact the Customer Contact Center at 850.487.1395 to obtain an application for a plan review packet prior to construction or remodeling. The Division of Hotels and Restaurants must approve plans prior to construction, remodeling or obtaining a license. Applications for change of ownership do not require a plan review if no interruption in operation, construction, remodeling or conversion occurs. A plan review is required when an establishment is: 1) newly built, 2) converted from another use, 3) extensively remodeled or 4) re-opened after being closed at least 1 year.
- Completed form DBPR HR-7007, Application for Public Food Service Establishment License** – Complete and submit the following application in its entirety, including signature. Any omissions will result in the application being returned and a delay in the issuance of your license.
- Appropriate Fees** – We provide an automated fee calculator and fee tables for your convenience on our website at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/). If you are unsure of the fee, please contact the DBPR Customer Contact Center at 850.487.1395 for the correct license fee amount. In addition to the license fee, there is a one-time application processing fee of \$50. Please make your check or money order for your fees made payable to the Department of Business and Professional Regulation. The division does not accept cash payments.
- Mail Applications and Fees** – When you have completed the application and supporting documents above, mail them with the appropriate fees to:

**Division of Hotels and Restaurants  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Reminder: Please use the entire 9-digit zip code in the address above to ensure proper handling. An incomplete application will result in the application being delayed or denied. Please allow up to 30 days for processing after mailing.**

- Opening Inspection** - Once we have received and processed all of the above requirements, we will contact you for an opening inspection.
  - If you have 1) completed plan review, 2) submitted your application and fees, 3) you are ready to open your establishment, and 4) you have not heard from us about your inspection, please contact the DBPR Customer Contact Center at 850.487.1395 to request an inspection.
  - Inspectors do not routinely conduct pre-opening or courtesy inspections. Do not call to schedule an opening inspection unless absolutely ready to open.
  - If opening a newly built, converted or reopened establishment, do not begin to serve food to the public until a satisfactory inspection and a receipt for license to operate have been obtained.
  - Change of ownership applications do not require an inspection if the previous owner received a satisfactory inspection within 120 days before the application is processed. If there was no inspection within this time period, we will conduct the opening inspection after you legally become the new owner. See page 6, section 2 for the appropriate application type.
  - Ensure that all required equipment is installed and functional prior to the inspector's visit and all the necessary licensing information has been obtained, including owner's name and social security number, Federal Employers Identification Number and/or sales tax number. Have proof of other approvals on site, such as building, electrical, fire, plumbing, etc.
  - After achieving a satisfactory inspection, please allow 30 days to receive the license in the mail. You will receive a temporary license after your satisfactory inspection that will allow you to operate until the actual license arrives.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

### **SECTION 1 – LICENSE TYPE**

Choose one box that most closely describes the planned establishment. Florida law provides the following definitions.

- Seating (SEAT)** – Permanent seating establishments are those fixed public food service establishments that provide and maintain accommodations for consumption of food on the premises of the establishment or under the control of the establishment. The operator of the establishment must provide the number of seats available to the public to the division prior to licensing for fee calculation purposes. The division does not authorize the number of seats. For seating levels and changes to seating, the applicant must obtain wastewater approvals from the Florida Department of Health, Florida Department of Environmental Protection or the local utility authority. The local authority having jurisdiction must approve fire safety issues relating to seating levels.
- No Seats (NOST)** – Permanent nonseating establishments are those fixed public food service establishments for which the sole service provided is intended as take-out or delivery, or do not otherwise provide accommodations for consumption of food by guests on the premises, or the premises are not under the control of the operator. For the purposes of this section, we classify establishments located at food courts and malls in this manner as long as the establishment does not have seating within the premises of the establishment itself.
- Mobile Food Dispensing Vehicle (MFDV)** – Mobile food dispensing vehicles are vehicle-mounted public food service establishments. Some MFDVs are self-propelled and built to travel on public streets. Other MFDVs are not self-propelled but can be moved from place to place. MFDVs may even be watercraft. Vehicles that are required to have vehicle identification numbers (VINs) must submit this number to the division on the application for license.
- Hot Dog Cart (HTDG)** – Hot dog carts are mobile food dispensing vehicles which limit the preparation of food to frankfurters (see Rule 61C-4.0161(3), Florida Administrative Code).
- Theme Park Food Cart (PARK)** - Theme park food carts are mobile or stationary units that operate within the confines of a theme park or entertainment complex as an extension of or in association with a fixed public food service establishment. Such carts are licensed collectively by the entity that maintains and operates them. The operator is required to notify the division immediately of any changes in the number of carts.

- Catering (CATR)** - Caterers are public food service establishments where food or drink is prepared for service elsewhere. The term includes catering kitchens and commissaries. The term "caterer" does not include those establishments licensed pursuant to Chapters 500 or 381, FS, or which exclusively prepare or serve traditional bakery goods such as cakes, pastries, bagels, or confections. If a licensed establishment provides catering services, it is not required to hold a separate catering license from the division. Caterers must meet all applicable standards of a public food service establishment as provided in rule. Separate independent caterers utilizing the equipment or premises of a licensed establishment are deemed operators as defined by subsection 509.013(2), FS, of such public food service establishment and subject to all applicable requirements of law and rule, including a separate public food service establishment license.
- Vending Machine (VEND)** - Vending machines are any self-service devices licensed pursuant to Chapter 509, FS, which, upon insertion of coin or token, or by other means, dispense unit servings of potentially hazardous food, either in bulk or packaged, without the necessity of replenishing the device between each operation. All vending machine owners shall submit the serial number of each vending machine to the division on the application for license. It is the responsibility of the vending machine owner to maintain an accurate and current list of vending machine locations with the corresponding serial number. This list shall be made available to the division upon request. The division shall coordinate with the vending machine owner to schedule inspections with the assistance of the owner or its agent with the capability to open and demonstrate the machine.

## SECTION 2 – APPLICATION INFORMATION

- Plan Review Requirement** – indicate the status of your plan review. If you have received a letter from our Plan Review Office, please include the file number we provided to facilitate processing. As mentioned above, if you have not yet applied for plan review, please visit our website at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/) or contact the Customer Contact Center at 850.487.1395 to obtain an application for a plan review packet prior to construction or remodeling.
- Application Type** – indicate the type of application to be processed. For newly constructed establishments, or facilities converted from another previous usage, choose “New Establishment or Vehicle.” For all establishments previously licensed within the last year, choose “Change of Ownership.”
- License Number** – for applications for change of ownership, please indicate the previous license number if known. This information will facilitate the processing of the application.
- Federal Employers Identification Number (FEIN)** – required for business/corporate applicants.
- Social Security Number** – at least one social security number is required. 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. Social security numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.
- Opening Date** – please indicate the date the establishment will be opened for business.

## SECTION 3 – MAILING INFORMATION

Complete the mailing information as completely as possible. Incomplete information will result in the application being delayed or denied.

- Owner Name** – individual person or organization that currently owns the establishment. Also, check the appropriate box indicating whether the owner is legally a corporation, partnership or individual person. 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. Also include 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. (Required)
- Routing Name** – if correspondence should be mailed to a different name than the owner, please indicate in the space provided. (Optional)

- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number (Required) and Extension (Optional) – primary contact number for questions or concerns about the application.
- E-Mail Address – additional means of contacting applicant. (Optional)
- Fax Number (Alternate phone number) -- additional means of contacting applicant. (Optional)

#### **SECTION 4 – ESTABLISHMENT LOCATION INFORMATION**

Complete the establishment information as completely as possible. Incomplete information will result in the application being delayed or denied.

- Establishment Name (Doing Business As [DBA]) – the name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Burger King #103). (Required)
- Street Address, City, Zip Code, Florida County – address of the establishment. For mobile food dispensing vehicles, this should be the commissary address in Florida. (Required)
- Phone Number and Extension, E-Mail Address, Fax Number – alternate contact information if available. (Optional)

#### **SECTION 5 – LICENSE MODIFIERS**

Please answer these questions. If the facility is intended to operate for a limited amount of time each year (i.e., seasonal), indicate approximate start and end dates for operation. (Required)

#### **SECTION 6 – FOOD SERVICE CLASSIFICATION**

Check the most appropriate box that best describes the intended operation of the establishment. (Required)

#### **SECTION 7 – ADDITIONAL INFORMATION**

Complete the remaining questions. Remember that an incomplete application will result in the application being delayed or denied.

#### **SECTION 8 – SIGNATURE**

Please print name and title, and then sign and date the application before submitting. (Required)

**Complete the application and supporting documents and mail them with the appropriate fees to: Division of Hotels and Restaurants, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, FL 32399-0783. Use the entire 9-digit zip code in the address above to ensure proper handling. Please allow up to 30 days for processing after mailing.**

**After we receive and process the application documents and fees, we will contact you to schedule an opening inspection. If you have not heard from us within 30 days, or you have an urgent need to open your establishment sooner, please contact the DBPR Customer Contact Center at 850.487.1395 a few days before your opening date to schedule an inspection. Satisfactory inspection is required for all food service establishment licensees except ownership transfers that previously had a satisfactory inspection within the past 120 days.**

NOTE: All establishments are required to meet the sanitation and safety standards provided by law. Two very important requirements are:

- All refrigeration must maintain potentially hazardous foods at 41°F or colder. You must install thermometers in the warmest part of all refrigeration/freezer units. A probe-type thermometer scaled for its intended use is required for employees to check food temperatures. Be sure all thermometers are calibrated and present at the time of the opening inspection.
- If you intend to have bare hand contact with ready-to-eat food, you must first have an approved Alternative Operating Procedure (AOP). DBPR Form HR 5022-056, AOP Checklist, found on the division's website, explains the requirements. If you do not have an approved AOP, food employees may not touch ready-to-eat foods with their bare hands. Employees in establishments without an AOP must use utensils such as deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
1940 North Monroe Street, Tallahassee, Florida 32399-0783**

850.487.1395 – [Call.Center@dbpr.state.fl.us](mailto:Call.Center@dbpr.state.fl.us) – [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/)

**SECTION 1 – LICENSE TYPE**

Please check the appropriate box and provide information as applicable.

<input type="checkbox"/> Seating (2010/SEAT)	# of Seats	(For fee calculation purposes only)
<input type="checkbox"/> No Seats (2010/NOST)	The division does not authorize the number of seats. For seating levels and changes to seating, the applicant must obtain wastewater approvals from the Florida Department of Health, Florida Department of Environmental Protection or the local utility authority. The local authority having jurisdiction must approve fire safety issues relating to seating levels.	
<input type="checkbox"/> Theme Park Food Cart (2012/PARK)	# of Carts	Vehicle Identification Number (VIN)— use separate sheet if necessary for group licensing of theme park food carts
<input type="checkbox"/> Catering (2013/CATR)		
<input type="checkbox"/> Mobile Food Dispensing Vehicle (2014/MFDV)	Vehicle Identification Number (VIN)	
<input type="checkbox"/> Hot Dog Cart (2014/HTDG)		
<input type="checkbox"/> Vending Machine (2015/VEND)	Serial Number	

**SECTION 2 – APPLICATION INFORMATION**

Please check the appropriate box and provide information as applicable.

<input type="checkbox"/> <b>New Establishment or Vehicle</b>	<input type="checkbox"/> <b>Change of Ownership</b> (previously licensed within the last year by H&R – please provide current license # below)
<b>OFFICE USE:</b> TRANSACTION 1030: 2015-VEND TRANSACTION 1032: 2010-SEAT, 2012-PARK, 2013-CATR TRANSACTION 1033: 2010-NOST / TRANSACTION 1034: 2014-HTDG/MFDV	TRANSACTION 3020: 2010-SEAT, 2014-HTDG TRANSACTION 3021: 2010-NOST, 2012-PARK, 2013-CATR, 2014-MFDV, 2015-VEND

<b>Plan Review Requirement</b>	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed – File Number	<input type="checkbox"/> Not required
All food service locations that have not held a license with this Division within one calendar year and existing food service locations that have been remodeled require plan review. For more information, please see our website. <b>Please include a copy of your letter from the Plan Review Office with your application.</b>			

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.
Federal Employers Identification Number (FEIN) <i>(For businesses and corporations)</i>		
Social Security Number <b>(REQUIRED)*</b> <i>(For president, primary shareholder, partner or individual)</i>		
Opening Date (MM/DD/YYYY)		

**SECTION 3 – MAILING INFORMATION (MA)**

Note: This address will be designated as the "address of record" for purpose of official communication from the department.

Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)	<b>FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES</b> , 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.	
Routing Name (complete only if correspondence should be mailed to a different person or company than the owner name listed above)		
Street Address or Post Office Box		
City	State	Zip Code (+4 optional)
Florida County (if applicable)	Country	
Phone Number	E-Mail Address	Fax Number (Alternate)

**SECTION 4 – ESTABLISHMENT LOCATION INFORMATION (LL)**

Establishment Name (DBA)		
Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts)		
City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	

**SECTION 5 - LICENSE MODIFIERS**

**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

**Commissary:** Will this establishment be operating as a commissary for a mobile food dispensing vehicle, hot dog cart or theme park food cart?  Yes  No

**Catering:** Will this establishment offer catering service, either as a primary or secondary service?  Yes  No

**SECTION 6 – FOOD SERVICE CLASSIFICATION**

Please check one classification below that best describes this establishment.

- |                                            |                                          |                                         |                                            |
|--------------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> US – American     | <input type="checkbox"/> FRNC – French   | <input type="checkbox"/> ITLN – Italian | <input type="checkbox"/> SEA – Seafood     |
| <input type="checkbox"/> CAFT – Cafeteria  | <input type="checkbox"/> GREK – Greek    | <input type="checkbox"/> KSHR – Kosher  | <input type="checkbox"/> THRT – Theatre    |
| <input type="checkbox"/> CATR – Catering   | <input type="checkbox"/> HISP – Hispanic | <input type="checkbox"/> ORNT – Asian   | <input type="checkbox"/> PARK – Theme Park |
| <input type="checkbox"/> COMM – Commissary | <input type="checkbox"/> INDN – Indian   | <input type="checkbox"/> OTHR – Other   | <input type="checkbox"/> VEND – Vending    |

**SECTION 7 - ADDITIONAL INFORMATION**

Is this food service establishment associated with a lodging establishment?  Yes  No  
 If yes, indicate the name and license number of the associated lodging establishment

Name of Lodging Establishment  License Number of Lodging Establishment

Is this food service establishment free standing (not within another structure, such as a hotel or mall)?  Yes  No

Sales Tax Number  Check if exempt

Has any person interested in the operation of this establishment, whether owner, operator, agent, lessee or manager, been adjudicated guilty, or forfeited a bond when charged with soliciting for prostitution, pandering, letting premises for prostitution, keeping a disorderly place, illegally dealing in narcotics, gambling, or any other crime reflecting on professional character within the last five (5) years in this state, or any other jurisdiction of the United States?  Yes  No

Has any person interested in the operation of this establishment, whether owner, operator, agent, lessee or manager, had a license for an Adult Living Facility at this establishment denied, suspended or revoked pursuant to section 400.414, FS, within the last five (5) years?  Yes  No

**SECTION 8 - 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, FS. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, suspension or revocation of the license.

Applicant Name  Applicant Title

Signature  Date

**Complete the application and supporting documents and mail them with the appropriate fees to the address on this form. Please use the entire 9-digit zip code in the address to ensure proper handling.**