

**DBPR HR – 7030 DIVISION OF HOTELS AND RESTAURANTS
APPLICATION FOR PUBLIC FOOD SERVICE ESTABLISHMENT LICENSE WITH PLAN REVIEW**

Application begins on page 7

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 tens of millions 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.

Plan reviewers will assist you in design and 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 or go online to www.myfloridalicense.com/DBPR/hotels-restaurants/. 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.

Important note - An Online Account **is required to self-print and maintain your license**. We encourage you to create your DBPR account now, start here www.myfloridalicense.com/DBPR/hotels-restaurants/. All food and lodging license applications are available online.

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

GENERAL INSTRUCTIONS

To begin Florida's food service licensing process, the law requires the division to review facility plans for sanitation and safety concerns. Plan review is required when the establishment is:

- Newly built,
- Converted from another use,
- Remodeled or
- Re-opened after being closed at least 1 year.

Please use the checklist below to make sure you provide all necessary requirements for plan review.

APPLICATION

- **Online Account** – Necessary to self-print and maintain your license. Visit our website www.myfloridalicense.com/DBPR/hotels-restaurants/.
- **Form DBPR HR-7030, Application for Public Food Service License with Plan Review (hard-copy submission)**. Applying for a Food service establishment is generally a two-step process; it includes plan review (when required) and licensing. This application packet includes everything necessary to apply for a food service license and plan review. For a mobile food dispensing vehicle operation (including hot dog carts and theme park food carts), please complete form DBPR HR-7031, Application for Mobile Food Dispensing Vehicle License with Plan Review available on our website: <http://www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/mobilefood-guide/>.
- **A sample menu** or menu information listed on a separate document.
- **Equipment specifications**, if the proposed equipment is not customary for food service operations.

FEES

Fees are listed in rule 61C-1.008, Florida Administrative Code. For your convenience, we provide an automated license fee calculator and fee tables on our website at <http://www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/food-fees/>. If you are unsure of the fee, please contact the DBPR Customer Contact Center at 850.487.1395 for the correct license fee amount. 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.

PLANS

- A scaled drawing.
- Label all areas of the building (e.g., bars, wait stations, seating, dining areas). Include a site plan (drawing of the area surrounding your business) if your business is part of a larger structure.
- Identify all equipment (e.g., stoves, refrigerators, steam tables, prep tables). Plans must include a utility sink, handwash sink(s) and a three-compartment sink or a commercial dishwasher.
- Identify all exits and mark the direction of door swing.
- Indicate all automatic fire suppression/ventilation hood system(s). (For reporting purposes)
- Indicate the dumpster location and the type of material it will be placed on, which is required to be non-absorbent.
- Identify all storage areas including where cleaning equipment and supplies, dry goods and employee personal items are stored.

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.

HOW TO DRAW A FLOOR PLAN

The completed drawing should be a good representation of how your establishment looks in real life or how you intend it to look when it has been built. By following these instructions, you will be able to draw an accurate, scaled floor plan yourself.

A floor plan is a measured drawing that is an exact miniature representation of your establishment as seen from an overhead view. The plan must be drawn "to scale", which means that everything must be in the correct proportions. For example, if the establishment is 40 feet long and 20 feet wide, then the length wall would be drawn twice as long as the width wall on your paper. The same is true for all of the interior walls, rooms, and equipment.

Begin by measuring the length and width of your establishment with a tape measure as well as the lengths and widths of all interior rooms including kitchens, dining rooms, bars, store rooms, walk-in coolers, etc. Note: Write down all the measurements taken on a piece of paper for future reference.

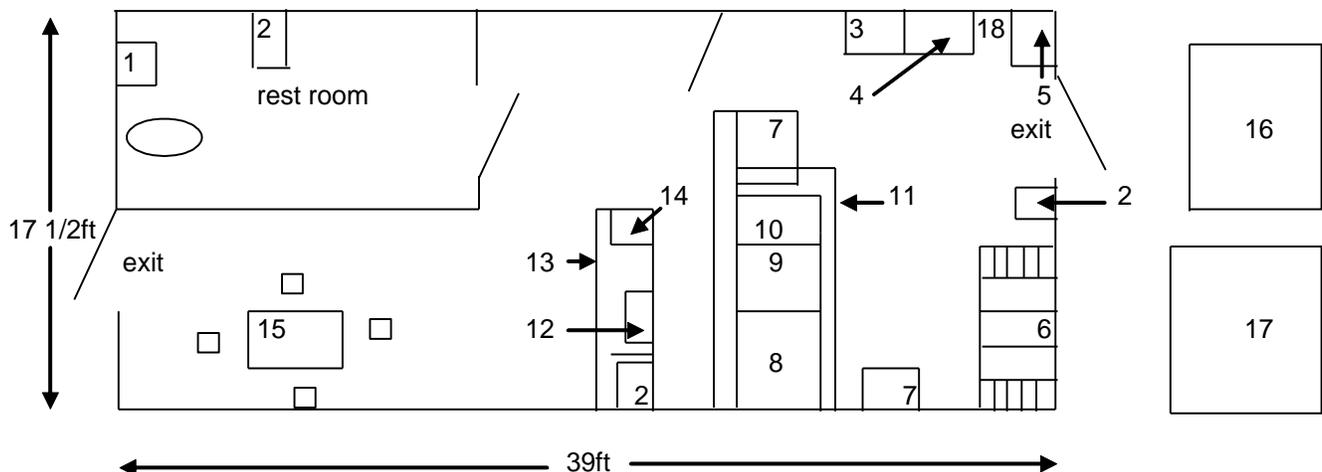
Next, measure the length and width of all sinks, tables, worktables, counter tops, and other equipment throughout the establishment. Also measure the spaces between each piece of equipment so that you will be able to accurately position each piece on your plan. You should now have all the measurements needed to complete the drawing. If your establishment does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

Draw the plan on graph or quad paper. You may use any size grid, however the most common (and simple) graph paper in office supply stores is labeled as ¼ inch grid. On this graph paper, each small square is ¼ inch long. The way to draw a plan "to scale" is to make each ¼ inch square equal to an exact real life distance. For example, if you make 1 foot equal to a ¼ inch square, then a table in your establishment that is 4 feet long and 3 feet wide is drawn to cover 4 squares across and 3 squares deep. Using the same ¼ inch=1 foot scale, if your establishment is 40 feet long and 20 feet wide, the wall would be 40 squares long and 20 squares wide on the graph paper. Remember to show all exit doors and how they swing.

Draw all interior rooms, walls, hallways and doors according to your measurements. Add all the equipment, sinks, tables, etc., positioned accurately on the plan. Identify each piece of equipment with a number. Create a list identifying to what each number refers:

Example Equipment List

1. Ventilation fan	7. Work top refrigerator	13. Counter
2. Handwash sink	8. Four-burner stove	14. Cash register
3. Ice machine	9. Flat-top griddle	15. Table & chairs
4. Refrigerator / freezer	10. Fryer	16. Grease trap (outside)
5. Mop sink	11. Hood with suppression system	17. Dumpster (outside)
6. 3-compartment sink with drainboards	12. Hot dog machine	18. Water Heater



INSTRUCTIONS FOR COMPLETING THE APPLICATION

SECTION 1 – OFFICE USE ONLY

This is for division office use only. Please do not complete this section.

SECTION 2 –LICENSE TYPE

Indicate the type of service that best describes your establishment. (Required) Use the following descriptions provided by Florida law to identify your type of establishment. The specific law for each definition is identified after the description.

- **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. [Rule 61C-1.002(5)(b), Florida Administrative Code (FAC)]
- **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. [Rule 61C-1.002(5)(a)1., FAC]
- **Catering (CATR)** - Caterers are public food service establishments where food or drink is prepared for service elsewhere in response to an agreed upon contract for a function or event. The term "caterer" does not include those establishments licensed pursuant to Chapters 500 or 381, FS, or any other location where food is provided or displayed for sale by the individual meal. **A licensed public food service establishment that also provides catering services 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 Rules 61C-1.004, 61C-4.010, and 61C-4.023, FAC. 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. [Rule 61C-1.002(5)(a)3., FAC]
- **Culinary Education Programs – (SEAT/NOST)** Culinary Education Programs are specialized food service license types for programs that educate enrolled students in the culinary arts. In order to qualify the provider must be: A State University or Florida College institution as defined in F.S. 1000.21, Career Center as defined in F.S. 1001.44, Charter Technical Career Center as defined in F.S. 1002.34, nonprofit independent college or university as delineated in F.S. 381.0072 (2) (e), or a nonpublic postsecondary educational facility licensed under part III F.S. 1005. The two Culinary Education Programs licenses available are SEAT (with seating) and NOST (no seating). [61C-1.002(5)(a)7., 61C-1.002(5)(b)2, FAC]

SECTION 3 – APPLICATION INFORMATION

- **Application Type** – indicate the type of application to be processed. For newly constructed establishments, or facilities converted from another previous usage, choose “New Establishment.” For all establishments previously licensed within the last year, choose “Change of Ownership.”
- **License Number and Previous Business Name** – for applications for change of ownership, please indicate the previous license number and previous business name 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.

- **Sales Tax Number** – required by the Florida Department of Revenue to do business. If exempt, please mark the checkbox accordingly.
- **Opening Date** – please indicate the date the establishment will be opened for business.

SECTION 4 – OWNER AND MAIN ADDRESS

Complete this information for the establishment owner 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. (Required)
- Routing Name – if contact name is different 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 – primary contact number for questions or concerns about the application. (Required)
- E-Mail Address – primary contact for communications about your application.

SECTION 5 – 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 E-Mail Address – alternate contact information if available. (Optional)

SECTION 6 – MAILING INFORMATION

This is an optional additional address for mailing if applicable. If this information is the same as Section 4 or Section 5, please indicate by checking the appropriate box.

- 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 and E-Mail Address – alternate contact information if available. (Optional)

SECTION 7 – ADDITIONAL INFORMATION

Complete these questions. Remember that an incomplete application will result in the application being delayed or denied. (Required)

SECTION 8 – SUPPORTING DOCUMENTS

This section is a checklist of the additional documents that you must provide with the plan review application. (Required)

SECTION 9 – PLAN REVIEW TYPE

Indicate the type of plan review requested that best describes your establishment. (Required)

SECTION 10 – GENERAL INFORMATION

Complete all information as indicated. Approved plans are valid for one (1) year. The division may grant a one-time extension up to an additional six months if requested in writing before expiration of the initial one-year approval. (Required)

SECTION 11 – FINISH SCHEDULE

Indicate the type of material that you will use in the areas indicated. All construction finishes must be smooth, easily cleanable and nonabsorbent. The area where wall meets floor must be curved and sealed for easy cleaning. (Required)

SECTION 12 – DISHWASHING FACILITIES

Indicate whether you will do dishwashing manually or mechanically. If done manually, a three-compartment sink with drainboards at each end or equivalent shelving is required. If done mechanically, a commercial dishwashing machine with gauges is required. Indicate the sanitization method to be used by the dishwashing machine. Any dishwashing machine installed after January 1, 1998 must be equipped to indicate by sight or sound when you need to add detergent and/or chemical sanitizer to the machine. Please indicate the location of all dishwashing equipment on the plans. (Required)

SECTION 13 – OTHER FACILITIES

Indicate the number of each type of bathroom, handwash sink and food preparation sink installed. Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s). Also, identify the service/mop sink and water heater location. (Required)

SECTION 14 – FIRE SAFETY EQUIPMENT (FOR REPORTING PURPOSES)

Indicate the number of each type of portable fire extinguisher that you intend to install. Be sure to indicate the location of each fire extinguisher on the plans. K Class portable fire extinguishers and automatic hood suppression systems are required when grease-laden vapors or smoke are produced. If occupancy is over 300, a fire sprinkler system and fire alarm system are also required. Please check the appropriate boxes to indicate whether you are installing automatic hood suppression systems or fire sprinkler systems. Failing to meet minimum fire safety requirements will not result in your plans being denied. We will notify you if the plans indicate a possible fire safety violation. This information will be reported to the State Fire Marshal or local fire authority. (Required)

SECTION 15 – SIGNATURE

Please print your name and then sign and date the application before submitting. (Required) When complete, please submit your application, plans, supporting documents and applicable fees to:

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

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.

Approval of your plans means that your plans appear to meet the minimum requirements of the Division of Hotels and Restaurants. You must make sure that you meet all other requirements that apply. **Plan approval does not guarantee that the division will approve the completed establishment's structure or equipment.** See Rules 61C-1.002, F.A.C., & 61C-1.008, F.A.C. for more licensing information.

Be sure to send the completed plan review application, supporting documents and required fees (license fee + \$50 application fee). Providing complete information will help us process your plan review faster.

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

- 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 5022-049, Alternative Operating Procedure (AOP), incorporated by reference in rule 61C-4.010(1), FAC, and available 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.

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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 – E-mail: dhpr.planreview@myfloridalicense.com
 Internet: www.myfloridalicense.com/DBPR/hotels-restaurants/

For Office Use Only
Log Number
File Number

NOTE – Please submit completed application with plans, fees and supporting documents in Section 9.

Section 1 – Office Use Only

Date Received			Initials	\$50 One Time Application Fee + License Fees	
Month	Day	Year		Check #	Money Order #

Section 2 – License Type

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE SEATING INFORMATION IF APPLICABLE.
 FOR MORE INFORMATION ON FOOD SERVICE LICENSE TYPES VIEW OUR WEBSITE.

Fixed Establishments:	* <input type="checkbox"/> Seating (2010/SEAT)	<input type="checkbox"/> No Seats (2010/NOST)	<input type="checkbox"/> Catering (2013/CATR)
Culinary Education Programs:	* <input type="checkbox"/> With Seating (2023/SEAT) <input type="checkbox"/> No Seating (2023/NOST)		
*Number of Seats:	(For fee calculation purposes only)		

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.

Section 3 – Application Information

Please check the appropriate box and provide information as applicable.

New Establishment

Change of Ownership

(if previously licensed within the last year by H&R – please provide current license # below)

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 4 – 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 5 – Establishment Location Information (LL)

Establishment Name (DBA)

Street Address

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



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Section 6 – Mailing Information (LM)

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

Complete below or check here if: Same as Section 4 – Owner and Main Address Same as Section 5 – 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 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 below

Name of Lodging Establishment	License Number of Lodging Establishment
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Is this food service establishment free standing (not within another structure, such as a hotel or mall)? Yes No

Section 8 – Supporting Documents

Attach the following documents:

- Scaled plan for both new and remodeled areas, showing all kitchen equipment, plumbing fixtures, bars, storage areas, etc. You may submit as many sets of plans that you need stamped for local authorities.
- Proposed Menu (list of specific foods)
- Equipment Specifications (if proposed equipment is not customary for food service operations)

Section 9 – Plan Review Type

Check the box that best describes your establishment. Please check only one box.

- New Closed More than 1 Year Change owner with remodel

Section 10 – General Information

Maximum Number of Staff per Shift	Total Square Footage of the Establishment	Number of Exits
Projected Start Date of Construction	Projected Completion Date of Construction	

Approved plans are valid for one (1) year. Extensions must be requested in writing prior to expiration.

Section 11 – Finish Schedule

Please indicate the type of material used in the following areas (for example, quarry tile, FRP, stainless steel, etc.).

Construction finishes must be smooth, easily cleanable and nonabsorbent.

	Floor	Wall	Cove Base (Baseboards)	Ceiling
Food Preparation				
Food Storage				
Dishwashing Area				
Bathrooms				
Dry Storage				
Bar				

No studs, joists or rafters may be exposed in areas of moisture. Where the wall meets the floor must be curved and sealed.

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Section 12 – Dishwashing Facilities – Show On Plans

Manual (3-compartment sink with drainboards or equivalent shelving)

Mechanical (Dishmachine/Glass washer) **Sanitization Method:** Chemical Heat (Hot Final Rinse)

Section 13 – Other Facilities – Show On Plans

Number of Bathrooms	Public	Employee	Unisex	Total
Note: Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s).				
Number of handwash sinks		Number of prep sinks		
Mop sink location		Water heater location		

Section 14 – Fire Safety Equipment – For Reporting Purposes

Note: Show location of fire extinguishers on plans.

Types and number of each fire extinguisher	Minimum 2A10BC	K Class
Automatic hood suppression system installed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Required when grease-laden vapors or smoke are produced.
Sprinkler system installed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Required if occupancy is over 300.

Section 15 - 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

Reminder: [Create your Online Account](#) to self-print and maintain your license.