

**DBPR HR-7027 DIVISION OF HOTELS AND RESTAURANTS
APPLICATION FOR PUBLIC LODGING ESTABLISHMENT LICENSE**

Application begins on page 4

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.

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. Many of our applications can be submitted online at <http://www.myfloridalicense.com/DBPR/hotels-restaurants/>. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday or go online to our website. 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 LODGING ESTABLISHMENT LICENSE?

Anyone planning to operate a public lodging 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(4), Florida Statutes (FS). For detailed information on definitions and exemptions, please see our guide to licensing web page: www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/guide-to-licensing/.

REQUIREMENTS

Applications should be completed in full and submitted with the appropriate fees which can be found at <http://www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/lodging-fees/>. For lodging establishments three stories or higher, a Certificate of Balcony Inspection is required.

- **DBPR HR-7020, Certificate of Balcony Inspection** - This is the current form used to satisfy the requirements for balcony certification required by Florida law and rule 61C-3.001(11), Florida Administrative Code, and is included in this packet. Complete and submit the form with your application if your lodging establishment is three stories or higher.

Please note there may be additional requirements from other governmental agencies such as sales tax, FEIN, social security or ITIN number, food license, alcoholic beverage license, etc. We have provided links and general information for these items on our guide to licensing web page www.myfloridalicense.com/DBPR/hotels-restaurants/licensing/guide-to-licensing/.

A satisfactory inspection is required for all public lodging establishment licensees except vacation rentals and ownership transfers that previously had a satisfactory inspection within the past 120 days. After we receive and process the application documents and fees, we will contact you to schedule an opening inspection.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

SECTION 1 – LICENSE TYPE

Choose one box that most closely describes the planned establishment and list the number of rental units being licensed. Section 509.242(2), FS, states: If 25 percent or more of the units in any public lodging establishment fall within a classification different from the classification under which the establishment is licensed, such establishment shall obtain a separate license for the classification representing the 25 percent or more units which differ from the classification under which the establishment is licensed. The following definitions are provided from section 509.242, FS, unless otherwise indicated.

- **Hotel** – A hotel is any public lodging establishment containing sleeping room accommodations for 25 or more guests and providing the services generally provided by a hotel and recognized as a hotel in the community in which it is situated or by the industry.
- **Motel** – A motel is any public lodging establishment which offers rental units with an exit to the outside of each

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rental unit, daily or weekly rates, offstreet parking for each unit, a central office on the property with specified hours of operation, a bathroom or connecting bathroom for each rental unit, and at least six rental units, and which is recognized as a motel in the community in which it is situated or by the industry.

- **Nontransient Apartment** – A nontransient apartment is a building or complex of buildings in which 75 percent or more of the units are available for rent to nontransient tenants. According to the exemption in section 509.013(4)(b), FS, the division only licenses nontransient apartments with more than 4 rental units. Florida law also exempts apartment buildings that are designated primarily as housing for persons at least 62 years of age and are inspected by the United States Department of Housing and Urban Development (HUD) or other entity acting on HUD's behalf. The division may require the operator of an exempt HUD-inspected apartment building to provide documentation.
- **Transient Apartment** – A transient apartment is a building or complex of buildings in which more than 25 percent of the units are advertised or held out to the public as available for transient occupancy.
- **Bed and Breakfast Inn** – A bed and breakfast inn is a family home structure, with no more than 15 sleeping rooms, which has been modified to serve as a transient public lodging establishment, which provides the accommodation and meal services generally offered by a bed and breakfast inn, and which is recognized as a bed and breakfast inn in the community in which it is situated or by the hospitality industry.

Number of Rental Units: List the number of rental units being licensed. This directly affects the license fee. Please note that non-transient lodging establishments with 4 units or less are exempt from DBPR licensure.

SECTION 2 – 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 that were previously licensed by DBPR, 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. Verify your information matches the license information on record at our website here: <http://www.myfloridalicense.com/DBPR/>. 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. License fees are partly based on the opening date and may be incorrectly calculated if the field is blank or incomplete causing the application to be delayed or denied.

SECTION 3 – 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.

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- 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.
- Phone Number – primary contact number for questions or concerns about the application.
- E-Mail Address – additional means of contacting applicant. (Optional)

SECTION 4 – ESTABLISHMENT LOCATION INFORMATION

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

- Establishment Name (Doing Business As [DBA]) – the proposed name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Hilton #3 or Marriott Tallahassee).
- Street Address, City, Zip Code, Florida County – address of the establishment.
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

SECTION 5 – MAILING INFORMATION

This is an optional additional address for mailing if applicable. If this information is the same as Section 3 or Section 4, please indicate.

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

SECTION 6 – LICENSE MODIFIER (Seasonal)

Seasonal: 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. (Optional)

SECTION 7 – SIGNATURE

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

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Complete the application and Certificate of Balcony Inspection (if applicable) and mail with full payment to:

**Division of Hotels and Restaurants
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783**

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Next Steps:

- **Allow up to 30 days for processing after mailing. For faster processing, we recommend applying online if available, at <http://www.myfloridalicense.com/DBPR/hotels-restaurants/>.**
- Search our system for your application by name at <http://www.myfloridalicense.com/DBPR/>

Opening Inspection

- A satisfactory inspection is required for all public lodging establishment licensees except vacation rentals and ownership transfers that previously had a satisfactory inspection within the past 120 days.
- 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

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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.

New Establishment Change of Ownership
(previously licensed within the last year by H&R – please provide current license # below)

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) <i>(For businesses and corporations)</i>		
Social Security Number (REQUIRED)* <i>(For president, primary shareholder, partner or individual)</i>		
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 all mailings, including the license.

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 calculating fees.
7. Use the entire 9-digit zip code in the address below to ensure proper handling if submitting by mail.

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

DBPR HR-7020 – Division of Hotels and Restaurants Certificate of Balcony Inspection

Complete and submit this form if your public lodging establishment is 3 or more stories in height. The inspector must have the education and experience to be competent to perform the inspection. The operator is responsible for verifying the competency of the inspector.

The term “balcony” means “a landing or porch that is accessible to or used by the public...” The balcony inspection must include platforms, stairways, railings and railways, guardrails, balustrades, parapets, and areas enclosed by screening or other non-permanent building material. (Section 509.2112, F.S. and Rule 61C-3.001(5)(a), F.A.C.)

For new or renewal inspections complete sections 1 and 2. For a change of owner attach a copy of previous operator’s valid, date-stamped Certificate of Balcony Inspection and complete Section 3.

For New or Renewal Only			
Section 1 – Establishment Information			
Owner Name		License Number	
Mailing Address			
City		State	Zip Code
Establishment Name (DBA)			
Establishment Address			
City	County		Zip Code
Telephone Number(s):			
For New or Renewal Only			
Section 2 – Inspection			
I hereby certify that any and all balconies, platforms, stairways, railings and railways on the above-described premises were inspected on _____ by a person competent to conduct such inspection, and were found by such person to be safe, secure and free of defects.			
Total Number of Areas Inspected:		Total Number of Defects Found:	Date Repairs Completed:
The Inspection was conducted by _____ who is competent to conduct such inspections because: (Provide facts/credentials establishing competency on the line below.)			
Signature of Inspector		Date	
Name of Operator			
Signature of Operator		Date	
For Change of Owner Only			
Section 3 – Management Information			
Name of Operator		Date	
Signature of Operator			
Note: This Certificate of Balcony Inspection expires three years from the date of inspection listed in Section 2 of this form or from the date of inspection listed in Section 2 of the attached previous owner’s form. A new Certificate of Balcony Inspection must be completed and submitted prior to the expiration date.			

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Phone: 850.487.1395 – Web: <http://www.MyFloridaLicense.com/contactus/> & www.myfloridalicense.com/DBPR/hotels-restaurants/