

**INSTRUCTIONS FOR COMPLETING  
DBPR HR- 7027  
DIVISION OF HOTELS AND RESTAURANTS  
APPLICATION FOR PUBLIC LODGING 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.

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 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):

(a) "Public lodging establishment" includes a transient public lodging establishment as defined in subparagraph 1. and a nontransient public lodging establishment as defined in subparagraph 2.

1. "Transient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests.
2. "Nontransient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests for periods of at least 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests for periods of at least 30 days or 1 calendar month. License classifications of public lodging establishments, and the definitions therefor, are set out in s. 509.242, Florida Statutes. For the purpose of licensure, the term does not include condominium common elements as defined in s. 718.103, Florida Statutes.

(b) The following are excluded from the definition in paragraph (a):

1. Any dormitory or other living or sleeping facility maintained by a public or private school, college, or university for the use of students, faculty, or visitors;
2. Any hospital, nursing home, sanitarium, assisted living facility, or other similar place;
3. Any place renting four rental units or less, unless the rental units are advertised or held out to the public to be places that are regularly rented to transients;
4. Any unit or group of units in a condominium, cooperative, or timeshare plan and any individually or collectively owned one-family, two-family, three-family, or four-family dwelling house or dwelling unit that is rented for periods of at least 30 days or one calendar month, whichever is less, and that is not advertised or held out to the public as a place regularly rented for periods of less than one calendar month, provided that no more than four rental units within a single complex of buildings are available for rent;
5. Any migrant labor camp or residential migrant housing permitted by the Department of Health under ss. 381.008-381.00895, Florida Statutes; and
6. Any establishment inspected by the Department of Health and regulated by chapter 513, Florida Statutes.

## **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. Contact the Division of Hotels and Restaurants for signature at a satisfactory opening inspection. Send the approved Division of Hotels and Restaurants inspection form with the appropriate application to the Division of Alcoholic Beverages and Tobacco.
- 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.
- Completed form DBPR HR-7027, Application for Public Lodging Establishment License** – Complete and submit the application (available online at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr)) in its entirety, including signature. If the establishment is a resort condominium or resort dwelling rented transiently, please complete form [DBPR HR-7028, Application for Resort Condominium or Resort Dwelling License](#), instead of this form (refer to that form for definitions of those license types). Any omissions will result in the application being returned and a delay in the issuance of the license.
- Completed form 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.
- 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) submitted your application and fees, 2) you are ready to open your establishment, and 3) 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.
  - When opening a newly built, converted or reopened establishment, do not begin to rent units to the public until obtaining a satisfactory inspection and a license to operate.
  - 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.
  - Have proof of other approvals on site, such as building, electrical, fire, plumbing, etc.

## **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 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 any apartment building in which 75 percent or more of the units are available for rent to nontransient tenants.

Nontransient establishments are classified as nontransient apartments and rooming houses as defined in section 509.242, FS, that have more than four units collectively and that are rented for periods of at least 30 days or one calendar month, whichever is less, and that are not advertised or held out to the public as places regularly rented for periods of less than one calendar month. Rooming houses do not include any establishment exempted pursuant to section 509.013(4), FS. (Rule 61C-1.002(4)(b), Florida Administrative Code)

- Transient Apartment** – A transient apartment is any apartment building in which units are advertised or held out to the public as available for transient occupancy.

Transient establishments are classified as hotels, motels, transient apartments and rooming houses as defined in section 509.242, FS, which are rented or leased to guests by an operator whose intention is that such guests' occupancy will be temporary. (Rule 61C-1.002(4)(a), Florida Administrative Code)

- Nontransient Roominghouse** – A roominghouse is any public lodging establishment that may not be classified as a hotel, motel, resort condominium, nontransient apartment, bed and breakfast inn, or transient apartment under this section. A roominghouse includes, but is not limited to, a boardinghouse. See the definition above for nontransient establishments for information regarding nontransient status.
- Transient Roominghouse** – The term roominghouse is defined above. See the definition above for transient apartments for information regarding transient status.

- 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.

## 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, 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, such as a management company, 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 proposed name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Hilton #3 or Marriott Tallahassee). (Required)
- Street Address, City, Zip Code, Florida County** – address of the establishment. (Required)
- Phone Number and Extension, E-Mail Address, Fax Number** – alternate contact information if available. (Optional)

## **SECTION 5 – LICENSE MODIFIER**

**Number of Units:** List the number of rental units being licensed. This directly affects the license fee. (Required)

**Seasonal:** Please answer this question. 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 – ADDITIONAL INFORMATION**

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

## **SECTION 7 – 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**

**Please 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 public lodging establishment licensees except resort condos, resort dwellings and ownership transfers that previously had a satisfactory inspection within the past 120 days.**

**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)

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395. Information is also available online at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr).

SECTION 1 – LICENSE TYPE			
Please check the box that best describes the license type.			
<input type="checkbox"/> Hotel (2001/HOTL)	<input type="checkbox"/> Nontransient Apartment (2003/NAPT)	<input type="checkbox"/> Nontransient Roominghouse (2004/NRMH)	<input type="checkbox"/> Bed and Breakfast Inn (2005/BNB)
<input type="checkbox"/> Motel (2002/MOTL)	<input type="checkbox"/> Transient Apartment (2003/TAPT)	<input type="checkbox"/> Transient Roominghouse (2004/TRMH)	
SECTION 2 – APPLICATION INFORMATION			
Please check the appropriate box and provide information as applicable.			
<input type="checkbox"/> New Establishment		<input type="checkbox"/> Change of Ownership	
(previously licensed within the last year by H&R – please provide current license # below)			
<small>OFFICE USE: TRANSACTION 1030: 2001, 2002, 2005, &amp; nontransient / TRANS. 1031: transient      TRANSACTION 3021: 2001, 2002, 2005, &amp; nontransient / TRANS. 3020: transient</small>			
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)			
<small>Note: This address will be designated as the "address of record" for purpose of official communication from the department.</small>			
Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)		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.	
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	Extension	E-Mail Address	Fax Number (Alternate)
SECTION 4 – ESTABLISHMENT LOCATION INFORMATION (LL)			
Establishment Name (DBA)			
Street Address			
City		Zip Code (+4 optional)	Florida County
Phone Number	Extension	E-Mail Address	
SECTION 5 - LICENSE MODIFIER			
NUMBER OF UNITS			
<b>Seasonal:</b> Will this establishment be operated only during a particular time period during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, indicate the seasonal dates in which the establishment will be open for operation below.			
Start Date	<input style="width: 150px;" type="text"/>	End Date	<input style="width: 150px;" type="text"/>

SECTION 6 - ADDITIONAL INFORMATION	
Sales Tax Number	Check if exempt <input type="checkbox"/>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any person interested in the operation of this establishment, whether owner, operator, agent, lessee or manager, had a license for an Adult Congregate Living Facility at this establishment denied, suspended or revoked pursuant to section 400.414, FS, within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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, 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

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

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- **Satisfactory inspection is required for all public lodging establishment licensees except resort condos, resort dwellings and ownership transfers that previously had a satisfactory inspection within the past 120 days.**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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[www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr)

*Please direct questions about this form to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395. Information is also available online at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr).*

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):		
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 lines below.)		
SECTION 3 – MANAGEMENT INFORMATION		
Name of Operator	Date	
Signature of Operator		
<b>Note: Florida law requires a new certificate every three years.</b>		