



















**DBPR HR-7022i INSTRUCTIONS FOR COMPLETING  
COMMISSARY NOTIFICATION**

**Application begins on page 11**

**GENERAL INSTRUCTIONS**

A **Mobile Food Dispensing Vehicle (MFDV)** is a vehicle-mounted public food service establishment. 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. Other MFDVs may even be watercrafts.

**Commissary:** All MFDVs need a support site called a commissary. A commissary is an approved food service establishment or other commercial location where the MFDV goes for services that are not done on the vehicle. A commissary may provide a potable water source or a wastewater disposal site. You may prepare, package or store food at this location or use a three-compartment sink to wash and sanitize equipment or utensils. Food containers or other supplies may be stored at the commissary. ***NO FOOD SERVICE ACTIVITIES CAN BE CONDUCTED IN A PRIVATE RESIDENCE.***

**Using the Commissary:** You must take your vehicle to the commissary as often as is necessary to provide the services needed that cannot be conducted on the vehicle itself. Some vehicles are more equipped than others - which means some vehicles must visit their commissary more often.

**Self-sufficient:** If your MFDV contains the following equipment, it is considered to be self-sufficient and generally can operate a longer period of time before having to visit the commissary.

- ▶ Three-compartment sink
- ▶ Adequate dry storage
- ▶ Potable water holding tank
- ▶ Separate handwash sink
- ▶ Power (LP-gas, generator, etc.)
- ▶ Wastewater holding tank
- ▶ Adequate refrigeration

If your vehicle is not fully equipped as listed above, then your MFDV must report to its commissary every day that it is operated.

**Commissary Reporting Frequency:**

- Daily – Vehicles that are **not** self-sufficient (e.g., Hot Dog Carts).
- Weekly (at least – or more often if needed) – Vehicles that are self-sufficient.

**Responsibility of Public Food Service Establishment Commissaries & MFDV Operators:** Any public food service operator who provides commissary services for an MFDV must keep track of when vehicles are serviced. A daily registry must show that the Division of Hotels and Restaurants properly licenses all vehicles receiving services. To help food service operators know that a vehicle is properly licensed, each MFDV operator must put their license number on the side of the vehicle. The license number must be permanently attached and prominent. The figures must be at least 2 inches high and in a contrasting color from the background. Prior to providing commissary services, the public food service establishment who provides these services must verify that the license number displayed on the vehicle matches the number on the vehicle operator's public food service establishment license.

**INSTRUCTIONS FOR COMPLETING THE COMMISSARY NOTIFICATION FORM**

Complete the following information. If you submit incomplete information, your plan review will be delayed or denied.

**SECTION 1 – MOBILE FOOD DISPENSING VEHICLE INFORMATION**

- Owner Name – corporation, partnership or individual that currently owns the vehicle. (Required)
- Phone Number (Required) and Extension if applicable (Optional) – primary contact number for questions about the plan review.
- Vehicle Name – DBA (Doing Business As) – the proposed name of business. If the unit is part of a chain, please indicate a unique identifier (e.g., Burger King #103, Bill's Mobile BBQ #2). (Required)
- License Number – if previously licensed, indicate the license number of the vehicle. (Optional)

**DBPR HR-7022i –Instructions for Completing Commissary Notification**

**SECTION 2 – PRIMARY COMMISSARY INFORMATION**

Complete all information as indicated for the primary commissary for this vehicle. The primary commissary is the support site where food preparation, food storage or dishwashing occurs

**SECTION 3 – SIGNATURE**

Please print your name, and then sign and date the form before submitting. (Required)

**SECTION 4 – ADDITIONAL COMMISSARIES**

Complete all information as indicated for any additional commissaries used by this vehicle. Other commissary support sites may be used to get potable water, dump wastewater, store dry goods, etc.

Please submit this form with your MFDV plan review application. We cannot complete your plan review without this form.

**DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification**

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 Division of Hotels and Restaurants  
 1940 North Monroe Street, Tallahassee, Florida 32399-1011

Phone: 850.487.1395 – E-mail: dhr.planreview@dbpr.state.fl.us  
 Internet: www.MyFloridaLicense.com/dbpr/hr/

For Office Use Only
Log Number
File Number

**NOTE – This form must be submitted as part of an application packet.**

**Section 1 Mobile Food Dispensing Vehicle Information**

Owner Name	Phone Number (include area code)
Vehicle Name (DBA)	License Number

**Section 2 – Primary Commissary Information**

Primary Commissary Name

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Commissary Address

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City	Zip Code (+4 optional)	County
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Primary Phone Number (include area code)

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Primary Commissary License Number (if available)	Primary E-Mail Address
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Licensed By  DBPR  Department of Agriculture & Consumer Services  Department of Health  None

<b>Water Supply of Primary Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number
<b>Wastewater Disposal of Primary Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at my primary commissary:

Dish or equipment washing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3 – Signature**

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.** I understand that failure to complete the application or submit required documentation will delay processing or approval of plans and licensure.

Print Name	Signature	Date
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Please list additional commissaries used on the next page. Use as many pages as needed. Check here  if additional commissaries are used.

**DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification**

**Section 4 --- Additional Commissaries**

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By  DBPR  Department of Agriculture & Consumer Services  Department of Health  None

<b>Water Supply of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

<b>Wastewater Disposal of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By  DBPR  Department of Agriculture & Consumer Services  Department of Health  None

<b>Water Supply of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

<b>Wastewater Disposal of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No