

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: thr.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 and supporting documents in Section 7.

Section 1 – Office Use Only

Date Received	Month	Day	Year	Initials
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Section 2 – Establishment Type

Please check the appropriate box and provide seating information in section 8 if applicable.

Fixed Establishments:	<input type="checkbox"/> With Seats (2010/SEAT)	<input type="checkbox"/> No Seats (2010/NOST)	<input type="checkbox"/> Catering (2013/CATR)
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Culinary Education Programs:	<input type="checkbox"/> With Seats (2023/SEAT)	<input type="checkbox"/> No Seats (2023/NOST)
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Section 3 – Plan Review Type

Please check the box that best describes your establishment.

<input type="checkbox"/> New	<input type="checkbox"/> Closed More than 18 months	<input type="checkbox"/> Change owner with remodel *	<input type="checkbox"/> Same owner remodel
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* Have you recently become the owner of this business? ☐ Yes ☐ No

If the Division of Hotels and Restaurants has licensed this business location before, please provide the following information *.

* Name of Business Under Previous Owner

* License Number

Section 4 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this establishment.

Owner Federal Employer Identification Number (FEIN):

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)
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Florida County (if applicable)	Country
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Phone Number	E-Mail Address
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Section 5 – Establishment Location Information (LL)

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
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Phone Number	E-Mail Address
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Section 6 – Mailing Information (LM)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)
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Florida County (if applicable)	Country
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Phone Number	E-Mail Address
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Section 7 – 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 8 – General Information

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

Approved plans are valid for one (1) year. Extensions must be requested prior to expiration.**Section 9 – Finish Schedule**

Please indicate the type of material used in the following areas (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.

Section 10 – 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 11 – Other Facilities – Show On Plans**

Number of Bathrooms	Public	Employee	Unisex	Total
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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 12 – 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 13 - 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 if I failed to complete the application or submit the required supporting documents, my plan review will be delayed.

Print Name	Signature	Date
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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 may also apply.

**A separate LICENSE APPLICATION, payment of LICENSE FEES
and an INSPECTION of your establishment and equipment is required prior to licensing.**