

DBPR HR-7006 – Division of Hotels and Restaurants Mobile Food Dispensing Vehicle Plan Review Application**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

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NOTE – Please submit completed application with plans, fees and supporting documents in Section 7.

Section 1 – Office Use Only

Date Received	Month	Day	Year	Initials
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Section 2 – License Type

Please check the appropriate box and provide information as applicable.

☐ Mobile Food Dispensing Vehicle (2014/MFDV) ☐ Hot Dog Cart (2014/HTDG) ☐ Theme Park Food Cart (2012)Is this vehicle self-sufficient? ☐ Yes ☐ No If "No", you are required to provide commissary information for plan approval.**Section 3 – Plan Review Type**

Please check the box that best describes your vehicle. Please check only one box.

☐ New ☐ Closed More than 18 months ☐ Change owner with remodel* ☐ Same owner remodelHave you recently become the owner of this vehicle? * ☐ Yes ☐ No If the Division of Hotels and Restaurants licensed this vehicle before, please provide the following information *.

Projected Opening Date	* Name of Business Under Previous Owner	* License Number
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OFFICE USE ONLY – TRANSACTION CODES1030 – Hot Dog Cart & Theme Park Food Cart – New or Closed More than 1 Year
1032 –MFDV – New or Closed More than 1 Year3020 – Change of Owner: Hot Dog Cart & Theme Park Food Cart
3021 – Change of Owner: MFDV
3027 – Same Owner remodel**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 – DBA Name, Vehicle and Location Information (LL)**For mobile food dispensing vehicles and hot dog carts**, enter the commissary address. For self-sufficient vehicles that do not use a commissary, enter the water/sewer location address.

Establishment Name (DBA)	Vehicle Identification Number (VIN)
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Florida Driver License #	Florida License Tag #
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Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts)

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)

Note: This address will be used by the department for all 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 – Supporting Documents

Attach the following documents:

- Scaled plan, for both new and remodeled, 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.
- For Hot Dog Carts and vehicles that are not self-sufficient:** include **DBPR HR-7022—Division of Hotels and Restaurants Commissary Notification** for all commissaries to be used by this vehicle. We cannot approve the plans without the information on this form.

Section 8 – General Information

Menu Information (list all foods that will be served from your vehicle)

Water Tanks: The wastewater tank must be at least 15% larger than the fresh water tank. Water tanks must be a part of the vehicle.

Water Tank Size (gallons) and Location

Water Heating Device Size (gallons) and Location

Wastewater Tank Size (gallons) and Location

Vehicle Interior Finishes (for enclosed units only - for example: FRP, vinyl, painted metal, etc.)

Floor	
Cove Base (Baseboards)	
Walls	
Ceiling	

Section 9 - 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 vehicle and equipment is required prior to licensing.**

