

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. Submit completed applications with plans.

SECTION 1 – OFFICE USE ONLY				
Date Received		Initials	\$150 Plan Review Fee	
Month	Day	Year	Check #	Money Order #
SECTION 2 – FOOD SERVICE LICENSE TYPE				
Please check the box that best describes your vehicle.				
<input type="checkbox"/> Mobile Food Dispensing Vehicle (2014/MFDV) <input type="checkbox"/> Hot Dog Cart (2014/HTDG) <input type="checkbox"/> Theme Park Food Cart (2012)				
SECTION 3 – PLAN REVIEW TYPE				
Please check the box that best describes your vehicle.				
<input type="checkbox"/> New / Newly Built Vehicle <input type="checkbox"/> Reopen Vehicle Closed At Least 1 Year * <input type="checkbox"/> Remodeling of Existing Vehicle *				
Have you recently become the owner of this vehicle? * <input type="checkbox"/> Yes <input type="checkbox"/> No If the Division of Hotels and Restaurants licensed this vehicle before, please provide the following information *.				
* Name of Business Under Previous Owner			* License Number	
OFFICE USE ONLY – TRANSACTION CODES				
1030 – Initial Plan Review: Hot Dog Cart & Theme Park Food Cart 1032 – Initial Plan Review: MFDV		3020 – Change of Owner: Hot Dog Cart & Theme Park Food Cart 3021 – Change of Owner: MFDV 3027 – Same Owner: Request for Plan Review		
SECTION 4 – CONTACT MAILING INFORMATION				
Note: This address will be where the department will mail all official plan review paperwork.				
Owner Federal Employer Identification Number (FEIN) – optional				
Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)				
Contact Name (name of person to contact if there are any questions about the plan review, if different than the owner)				
Street Address or Post Office Box				
City		State	Zip Code (+4 optional)	
Florida County (if applicable)		Country		
Phone Number (include area code)		Extension	E-Mail Address	Fax Number (Alternate)
SECTION 5 – ESTABLISHMENT LOCATION INFORMATION				
Establishment Name (DBA)			Vehicle Identification Number (VIN)	
Florida Driver License #		Florida License Tag #		
MAIN ADDRESS IN FLORIDA				
Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts)				
City		Zip Code (+4 optional)	Florida County	
Phone Number (include area code)		Extension	E-Mail Address	

SECTION 6 – COMMISSARY INFORMATION

Attach 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 7 – GENERAL INFORMATION

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

The wastewater tank must be at least 15% larger than the fresh water tank.

Water Tank Size (gallons) and Location

Water Heating Device Size (gallons) and Location

Wastewater Tank Size (gallons) and Location

Vehicle Interior Finishes (enclosed units only)

Floor	
Cove Base	
Walls	
Ceiling	

SECTION 8 – SIGNATURE

I hereby certify that all the information I have provided is correct. 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.

The division requires a separate LICENSE APPLICATION, payment of LICENSE FEES and an INSPECTION of your vehicle and equipment prior to licensing.