

**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/)

**SECTION 1 – LICENSE TYPE**

Please check the appropriate box and provide information as applicable.

<input type="checkbox"/> Seating (2010/SEAT)	# of Seats <input type="text"/>	(For fee calculation purposes only)
<input type="checkbox"/> No Seats (2010/NOST)	The division does not authorize the number of seats. For seating levels and changes to seating, the applicant must obtain wastewater approvals from the Florida Department of Health, Florida Department of Environmental Protection or the local utility authority. The local authority having jurisdiction must approve fire safety issues relating to seating levels.	
<input type="checkbox"/> Theme Park Food Cart (2012/PARK)	# of Carts <input type="text"/>	Vehicle Identification Number (VIN)— use separate sheet if necessary for group licensing of theme park food carts
<input type="checkbox"/> Catering (2013/CATR)		
<input type="checkbox"/> Mobile Food Dispensing Vehicle (2014/MFDV)	Vehicle Identification Number (VIN)	
<input type="checkbox"/> Hot Dog Cart (2014/HTDG)		
<input type="checkbox"/> Vending Machine (2015/VEND)	Serial Number <input type="text"/>	

**SECTION 2 – APPLICATION INFORMATION**

Please check the appropriate box and provide information as applicable.

<input type="checkbox"/> <b>New Establishment or Vehicle</b>	<input type="checkbox"/> <b>Change of Ownership</b> (previously licensed within the last year by H&R – please provide current license # below)
<b>OFFICE USE:</b> TRANSACTION 1030: 2015-VEND TRANSACTION 1032: 2010-SEAT, 2012-PARK, 2013-CATR TRANSACTION 1033: 2010-NOST / TRANSACTION 1034: 2014-HTDG/MFDV	TRANSACTION 3020: 2010-SEAT, 2014-HTDG TRANSACTION 3021: 2010-NOST, 2012-PARK, 2013-CATR, 2014-MFDV, 2015-VEND

<b>Plan Review Requirement</b>	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed – File Number <input type="text"/>	<input type="checkbox"/> Not required
All food service locations that have not held a license with this Division within one calendar year and existing food service locations that have been remodeled require plan review. For more information, please see our website. <b>Please include a copy of your letter from the Plan Review Office with your application.</b>			

License Number (change of ownership only)	<input type="text"/>	* 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>	<input type="text"/>	
Social Security Number <b>(REQUIRED)*</b> <i>(For president, primary shareholder, partner or individual)</i>	<input type="text"/>	
Opening Date (MM/DD/YYYY)	<input type="text"/>	

**SECTION 3 – MAILING INFORMATION (MA)**

Note: This address will be designated as the "address of record" for purpose of official communication from the department.

Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)	<b>FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES</b> , 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	E-Mail Address	Fax Number (Alternate)

**SECTION 4 – ESTABLISHMENT LOCATION INFORMATION (LL)**

Establishment Name (DBA)		
Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts)		
City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	

**SECTION 5 - LICENSE MODIFIERS**

**Seasonal:** Will this establishment be operated only during a particular time period during the year?  Yes  No

If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date  End Date

**Commissary:** Will this establishment be operating as a commissary for a mobile food dispensing vehicle, hot dog cart or theme park food cart?  Yes  No

**Catering:** Will this establishment offer catering service, either as a primary or secondary service?  Yes  No

**SECTION 6 – FOOD SERVICE CLASSIFICATION**

Please check one classification below that best describes this establishment.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> US – American     | <input type="checkbox"/> FRNC – French   | <input type="checkbox"/> ITLN – Italian | <input type="checkbox"/> SEA – Seafood     |
| <input type="checkbox"/> CAFT – Cafeteria  | <input type="checkbox"/> GREK – Greek    | <input type="checkbox"/> KSHR – Kosher  | <input type="checkbox"/> THRT – Theatre    |
| <input type="checkbox"/> CATR – Catering   | <input type="checkbox"/> HISP – Hispanic | <input type="checkbox"/> ORNT – Asian   | <input type="checkbox"/> PARK – Theme Park |
| <input type="checkbox"/> COMM – Commissary | <input type="checkbox"/> INDN – Indian   | <input type="checkbox"/> OTHR – Other   | <input type="checkbox"/> VEND – Vending    |

**SECTION 7 - ADDITIONAL INFORMATION**

Is this food service establishment associated with a lodging establishment?  Yes  No  
 If yes, indicate the name and license number of the associated lodging establishment

Name of Lodging Establishment  License Number of Lodging Establishment

Is this food service establishment free standing (not within another structure, such as a hotel or mall)?  Yes  No

Sales Tax Number  Check if exempt

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?  Yes  No

Has any person interested in the operation of this establishment, whether owner, operator, agent, lessee or manager, had a license for an Adult Living Facility at this establishment denied, suspended or revoked pursuant to section 400.414, FS, within the last five (5) years?  Yes  No

**SECTION 8 - 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

**Complete the application and supporting documents and mail them with the appropriate fees to the address on this form. Please use the entire 9-digit zip code in the address to ensure proper handling.**