

DBPR HR-7007 – Division of Hotels and Restaurants Application for Public Food Service Establishment License

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 Blair Stone Road, Tallahassee, Florida 32399-0783

Phone: 850.487.1395 – Web: www.MyFloridaLicense.com/contactus/ & www.myfloridalicense.com/DBPR/hotels-restaurants/

Section 1 – License Type

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE ADDITIONAL INFORMATION AS APPLICABLE.
FOR MORE INFORMATION ON FOOD SERVICE LICENSE TYPES VIEW OUR GUIDES: [WHICH DO I CHOOSE?](#)

Fixed Establishments			Mobile Food Vehicles	
<input type="checkbox"/> Seating (2010/SEAT)	<input type="checkbox"/> No Seats (2010/NOST)	<input type="checkbox"/> Caterer (2013/CATR) (Catering only)	<input type="checkbox"/> Mobile Food Dispensing Vehicle (2014/MFDV)	<input type="checkbox"/> Hot Dog Cart (2014/HTDG)
Other Food Service License Types:		<input type="checkbox"/> Theme Park Food Cart (2012/PARK)	<input type="checkbox"/> Vending Machine (2015/VEND)	
Culinary Education Programs:		<input type="checkbox"/> With Seats (2023/SEAT)	<input type="checkbox"/> No Seats (2023/NOST)	
For Culinary Educations Programs please submit documentation verifying the establishment meets statutory education requirements.				

Number of Seats:	(Required to calculate fees)	Vending Machine Serial Number:
MFDVs - Is this vehicle self-sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", you are required to provide commissary information for approval.		Vehicle Identification Number (VIN) – for MFDVs:

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.

Section 2 – Application Information

<input type="checkbox"/> New Establishment or Vehicle	<input type="checkbox"/> Change of Ownership (previously licensed within the last year by H&R) License Number: _____ Previous Business Name: _____
Plan Review Requirement	<input type="checkbox"/> Completed – File Number: _____ <input type="checkbox"/> In progress – File Number: _____
<input type="checkbox"/> Not required	<input type="checkbox"/> Not required - Caterer using existing H&R licensed kitchen. License Number: _____

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. **For faster processing, please include a copy of your letter from the Plan Review Office with your application or provide your file number above.**

Federal Employers Identification Number (FEIN) <i>(For businesses and corporations)</i>	* 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.
Social Security Number (REQUIRED)* <i>(For president, primary shareholder, partner or individual)</i>	
Sales Tax Number (Check if exempt <input type="checkbox"/>)	
Opening Date (MM/DD/YYYY)	

Section 3 – Owner and Main Address (MA) – This will be designated as the "address of record" for the establishment

FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES, 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.

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)
Florida County (if applicable)	Country	
Phone Number	E-Mail Address	

Section 4 – Establishment Location Information (LL) – This is the physical location address

For mobile food dispensing vehicles and hot dog carts, the license location is the primary commissary address. For self-sufficient vehicles that do not use a commissary, this address may be the owner's main address or mailing address.

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	



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Section 5 – Mailing Information (LM) – This address will be used for all mailings and correspondence, including the license

Complete below or check here if: Same as Section 3 – Owner and Main Address Same as Section 4 – 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 6 - 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 below

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

Section 7- 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, 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.**

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.