

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.

SECTION 1– MOBILE FOOD DISPENSING VEHICLE INFORMATION				
Owner Name			Phone Number (include area code)	
Vehicle Name (DBA)			License Number	
SECTION 2 – PRIMARY COMMISSARY INFORMATION				
Primary Commissary Name				
Commissary Address				
City		Zip Code (+4 optional)	County	
Primary Phone Number (include area code)				
Primary Commissary License Number (if available)		Primary E-Mail Address		
Licensed By	<input type="checkbox"/> DBPR	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Health	<input type="checkbox"/> None
Water Supply of Primary Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> On-site Well	Permit Number		
Wastewater Disposal of Primary Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> Septic Tank System	Permit Number		
	<input type="checkbox"/> Package Plant			
I intend to conduct the following activities at my primary commissary:				
Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3 – SIGNATURE				
I hereby certify that the above information is correct. I understand that failure to complete the application or submit required documentation will delay processing or approval of plans and licensure.				
Print Name		Signature		Date

Please list additional commissaries used on the next page. Use as many pages as needed. Check here if additional commissaries are used.

DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification

SECTION 4 --- ADDITIONAL COMMISSARIES				
Commissary Name				
Commissary Address				
City		Zip Code (+4 optional)		County
Phone Number (include area code)				
Commissary License Number (if available)			E-Mail Address	
Licensed By	<input type="checkbox"/> DBPR	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Health	<input type="checkbox"/> None
Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> On-site Well	Permit Number		
Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> Septic Tank System	Permit Number		
	<input type="checkbox"/> Package Plant			
I intend to conduct the following activities at this commissary location:				
Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Commissary Name				
Commissary Address				
City		Zip Code (+4 optional)		County
Phone Number (include area code)				
Commissary License Number (if available)			E-Mail Address	
Licensed By	<input type="checkbox"/> DBPR	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Health	<input type="checkbox"/> None
Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> On-site Well	Permit Number		
Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name		
	<input type="checkbox"/> Septic Tank System	Permit Number		
	<input type="checkbox"/> Package Plant			
I intend to conduct the following activities at this commissary location:				
Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No