

DBPR HR-7030 – Division of Hotels and Restaurants Application for Public Food Service Establishment License with Plan Review

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: dhpr.planreview@myfloridalicense.com
 Internet: www.myfloridalicense.com/DBPR/hotels-restaurants/

| |
|---------------------|
| For Office Use Only |
| Log Number |
| File Number |

NOTE – Please submit completed application with plans, fees and supporting documents in Section 9.

Section 1 – Office Use Only

| Date Received | | | Initials | \$50 One Time Application Fee + License Fees | |
|---------------|-----|------|----------|--|---------------|
| Month | Day | Year | | Check # | Money Order # |

Section 2 – License Type

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE SEATING INFORMATION IF APPLICABLE.
 FOR MORE INFORMATION ON FOOD SERVICE LICENSE TYPES VIEW OUR WEBSITE.

| | | | |
|-------------------------------------|---|---|---|
| Fixed Establishments: | * <input type="checkbox"/> Seating (2010/SEAT) | <input type="checkbox"/> No Seats (2010/NOST) | <input type="checkbox"/> Catering (2013/CATR) |
| Culinary Education Programs: | * <input type="checkbox"/> With Seating (2023/SEAT) <input type="checkbox"/> No Seating (2023/NOST) | | |
| *Number of Seats: | (For fee calculation purposes only) | | |

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 3 – Application Information

Please check the appropriate box and provide information as applicable.

New Establishment

Change of Ownership

(if previously licensed within the last year by H&R – please provide current license # below)

| | | |
|---|--|---|
| License Number (change of ownership only) | | * 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. |
| Previous Business Name (change of ownership only) | | |
| Federal Employers Identification Number (FEIN) (For businesses and corporations) | | |
| Social Security Number (REQUIRED)* (For president, primary shareholder, partner or individual) | | |
| Sales Tax Number (Check if exempt <input type="checkbox"/>) | | |
| Opening Date (MM/DD/YYYY) | | |

Section 4 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this 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 5 – Establishment Location Information (LL)

Establishment Name (DBA)

Street Address

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



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Section 6 – Mailing Information (LM)

Note: This address will be used by the department for any 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 - 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 8 – Supporting Documents

Attach the following documents:

- Scaled plan for both new and remodeled areas, 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.
- Proposed Menu (list of specific foods)
- Equipment Specifications (if proposed equipment is not customary for food service operations)

Section 9 – Plan Review Type

Check the box that best describes your establishment. Please check only one box.

- New Closed More than 1 Year Change owner with remodel

Section 10 – General Information

| | | |
|--------------------------------------|---|-----------------|
| Maximum Number of Staff per Shift | Total Square Footage of the Establishment | Number of Exits |
| Projected Start Date of Construction | Projected Completion Date of Construction | |

Approved plans are valid for one (1) year. Extensions must be requested in writing prior to expiration.

Section 11 – Finish Schedule

Please indicate the type of material used in the following areas (for example, quarry tile, FRP, stainless steel, etc.).

Construction finishes must be smooth, easily cleanable and nonabsorbent.

| | Floor | Wall | Cove Base (Baseboards) | Ceiling |
|------------------|-------|------|------------------------|---------|
| Food Preparation | | | | |
| Food Storage | | | | |
| Dishwashing Area | | | | |
| Bathrooms | | | | |
| Dry Storage | | | | |
| Bar | | | | |

No studs, joists or rafters may be exposed in areas of moisture. Where the wall meets the floor must be curved and sealed.

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Section 12 – Dishwashing Facilities – Show On Plans

Manual (3-compartment sink with drainboards or equivalent shelving)

Mechanical (Dishmachine/Glass washer) **Sanitization Method:** Chemical Heat (Hot Final Rinse)

Section 13 – Other Facilities – Show On Plans

| Number of Bathrooms | Public | Employee | Unisex | Total |
|--|--------|-----------------------|--------|-------|
| Note: Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s). | | | | |
| Number of handwash sinks | | Number of prep sinks | | |
| Mop sink location | | Water heater location | | |

Section 14 – Fire Safety Equipment – For Reporting Purposes

Note: Show location of fire extinguishers on plans.

| Types and number of each fire extinguisher | Minimum 2A10BC | K Class |
|---|--|--|
| Automatic hood suppression system installed | <input type="checkbox"/> YES <input type="checkbox"/> NO | Required when grease-laden vapors or smoke are produced. |
| Sprinkler system installed | <input type="checkbox"/> YES <input type="checkbox"/> NO | Required if occupancy is over 300. |

Section 15 - 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 |

Reminder: [Create your Online Account](#) to self-print and maintain your license.