

DBPR HR-7031 – Division of Hotels and Restaurants Application for Mobile Food Vehicle 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: thr.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 8.

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 information as applicable.

☐ Mobile Food Dispensing Vehicle (2014/MFDV) ☐ Hot Dog Cart (2014/HTDG) ☐ Theme Park Food Cart (2012)

of Theme Park Food Carts (For fee calculation purposes only)

Vehicle Identification Number (VIN)

Note: Use separate sheet if necessary for group licensing of theme park food carts

Is this vehicle self-sufficient? ☐ Yes ☐ No If "No", provide commissary information for plan approval.

Section 3 – Plan Review Type

Please check the appropriate box and provide information as applicable.

☐ **New Vehicle(s)**

☐ **Change of Ownership**

(previously licensed within the 18 months by H&R – please provide current license # below)

OFFICE USE: TRANSACTION 1034: 2012-PARK,
TRANSACTION 1035: 2014-HTDG / TRANSACTION 1036: 2014- MFDV

TRANSACTION 3020: 2014-HTDG
TRANSACTION 3021: 2012-PARK, 2014-MFDV

License Number (change of ownership only)

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 ☐)

Opening Date (MM/DD/YYYY)

* 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.

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



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Section 5 – Establishment Location Information (LL)

For mobile food dispensing vehicles and hot dog carts, enter the commissary address. For self-sufficient vehicles that do not use a commissary, enter the water/sewer location address.

Establishment Name (DBA)

Florida Driver License #

Florida License Tag #

Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts that are not self-sufficient)

City

Zip Code (+4 optional)

Florida County

Phone Number

E-Mail Address

Section 6 – Mailing Information (LM)

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 – Supporting Documents

Attach the following documents:

- Scaled plan, for both new and remodeled, 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.
- For Hot Dog Carts and vehicles that are not self-sufficient:** include **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 8 – Plan Review Type

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

☐ New

☐ Closed More than 18 months

☐ Change owner with remodel

Section 9 – General Information

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

Section 9 – General Information - Continued

Note: The wastewater tank must be at least 15% larger than the fresh water tank. Tanks must be a part of the vehicle.

Water Tank Size (gallons) and Location

Water Heating Device Size (gallons) and Location

Wastewater Tank Size (gallons) and Location

Vehicle Interior Finishes (for enclosed units only—for example, FRP, vinyl, painted metal, etc.)

Floor	
Cove Base (Baseboards)	
Walls	
Ceiling	

Section 10 - 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

Reminders:

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

If the vehicle is not self-sufficient, complete **form DBPR HR-7022—Division of Hotels and Restaurants Commissary Notification** for all commissaries to be used by this vehicle to store food, dump wastewater, etc. The form is available on our website: www.myfloridalicense.com/DBPR/hotels-restaurants/forms-publications/