

DBPR HR-7022 – Commissary Services Notification

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: www2.myfloridalicense.com/hotels-restaurants/

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|---------------------|
| 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 or Temporary Commercial Kitchen Information

| | |
|-------------------------------|----------------------------------|
| Owner Name | Phone Number (include area code) |
| Vehicle or Kitchen Name (DBA) | License Number |

Section 2 – Primary Commissary Information

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: DBPR Department of Agriculture & Consumer Services

Section 3 – Commissary Activities

I intend to conduct the following activities at my 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 4 – Signature

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

For additional commissaries submit a separate form for each additional commissary.

