

DBPR HR-7030, Application for Fixed 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: dhrr.planreview@myfloridalicense.com
 Internet: <http://www2.myfloridalicense.com/hotels-restaurants/>

For Office Use Only
Log #
File #

NOTE – Please submit completed application with plans, fees, and supporting documents listed in Section 10.

Section 1 – Office Use Only

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

Section 2 – Food Service License Type

Choose the license type which best suits your public food service establishment:

- Seating (2010/SEAT) – Enter # of Seats: _____
- No Seats (2010/NOST)
- Culinary Education Program: Seating (2023/SEAT) – Enter # of Seats: _____
- Culinary Education Program: No Seats (2023/NOST)
- Caterer (2013/CATR)
- Vending Machine (2015/VEND) – Enter Serial # _____
- Theme Park Cart (2012/PARK) – Enter # of Carts: _____

Note: 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 Type

Please check the box that best describes your public food service establishment (select one only):

- New Establishment** - New, never licensed, or closed for more than 18 months
- Change of Ownership** - Previously licensed within the last 18 months by Hotels & Restaurants
 If Change of Ownership provide previous DBPR License number: _____
 If Change of Ownership provide previous business name: _____

OFFICE USE: New Combo 1034: 2010-SEAT, 2012, 2013
 New Combo 1035: 2010-NOST

Change Owner 3020: 2010-SEAT
 Change Owner 3021: 2010-NOST, 2012, 2013, 2015

Section 4 – Other Required Information

Provide Other Required Information:

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 5 - Ownership Information

Provide details of the ownership structure:

Business Type: (select ONE only) **Corporation or LLC** **Partnership, LP, LLP, or LLLP** **Individual (Sole Proprietor)**

If other than a Sole Proprietor, provide the Corporation, LLC, Partnership, LP, LLP, or LLLP name: _____



Ownership Information continued...

Business Ownership – List all persons with ownership greater than or equal to 10%:

Name	Social Security Number	Address	Ownership %
1.			
2.			
3.			
4.			
5.			
6.			

For Corporations or LLCs Only – Provide information for each Officer, Director, Chief Executive, or other person who is able to directly or indirectly control the operation of the public food service establishment:

Officer's Name	Social Security Number	Address	Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Section 6 - Main Address (MA) – This will be designated as the “address of record” for the establishment

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City	State	Zip Code (+4 optional)
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Florida County (if applicable)	Country
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Phone Number	E-Mail Address
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Section 7 - Establishment Location Information (LL) – This is the physical location address

Provide the DBA name and location address of your establishment:

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
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Phone Number	E-Mail Address
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Section 8 – Mailing Information (LM)

This address will be used by the Division for any mailings:

Choose one: Use below address for mailings Use Section 6 – Main Address for mailings

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 9 - Additional Information

Is this food service establishment associated with a public lodging establishment? Yes No
 If yes, indicate the name and license number of the associated public lodging establishment below.

Name of Public Lodging Establishment	License Number of Public Lodging Establishment
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Is this public food service establishment free standing (not within another structure, such as a hotel or mall)? Yes No

Section 10 – Supporting Documents

Attach the following documents:

- Scaled plan, for both new and remodeled establishments, 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 11 – Facilities and Operations

Construction: *Approved plans are valid for 18 months. Extensions must be requested prior to expiration.*

Projected Start Date of Construction:	Projected Completion Date of Construction:
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Staffing and Building:

Maximum Number of Staff per Shift:	Number of Exits:	Total Square Footage of the Establishment:
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Dishwashing: *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Manual (3-compartment sink with drainboards or equivalent shelving)
<input type="checkbox"/> Mechanical (Dishmachine/Glass washer) | Sanitization Type(s):
<input type="checkbox"/> Chemical <input type="checkbox"/> Heat (Hot Final Rinse) |
|--|---|

Sinks and Hot Water		Number of Bathrooms	
# Handwash Sinks:		# Public Restrooms:	
# Prep Sinks:		# Employee Restrooms:	
# Mop Sinks:		# Unisex Restrooms:	
Provide Mop Sink location:		# Total Restrooms:	
Provide Water heater location:		Note: Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s).	

Section 12 – Construction Finishes

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.

Section 13 – Fire Safety Equipment

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 14 – Affirmation by Written Declaration

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. ***