

**DBPR HR-7035, Application for Fixed Public Food Service Establishment License**

**STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**Division of Hotels and Restaurants**  
**2601 Blair Stone Road, Tallahassee, Florida 32399-0783**  
**Phone: 850.487.1395**  
**Internet: <http://www2.myfloridalicense.com/hotels-restaurants/>**

**Section 1 – 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 2 - 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 1032: 2010-SEAT, 2023-SEAT, 2012, 2013, 2015  
New 1033: 2010-NOST, 2023-NOST  
Change Owner 3020: 2010-SEAT, 2023-SEAT  
Change Owner 3021: 2010-NOST, 2023-NOST, 2012, 2013, 2015

**Section 3 - Plan Review Information**

To begin Florida's public food service licensing process or to approve a remodel, the law requires the division to review establishment plans for sanitation and safety concerns. Plan review is required when the establishment is:

- Newly built
- Remodeled
- Re-opened after being closed at least 18 months

**Provide your public food service establishment's plan review status:**

- Completed – Enter File Number: \_\_\_\_\_
- In progress – Enter File Number: \_\_\_\_\_
- Not required – Change of Ownership of an existing DBPR licensed public food service establishment and no changes were made
- Not required – Sharing an existing DBPR licensed public food service establishment - Enter the License Number: \_\_\_\_\_

**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 <b>(REQUIRED)*</b> <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:

**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)
E-Mail Address	Phone Number	Country

**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
	Phone Number

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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)

Country

Phone Number

**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

Is this public food service establishment free standing (not within another structure, such as a hotel or mall)?  Yes     No

**Section 10 – 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. \*\*\*