

Section 1 – Food Service License Type

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

<input type="checkbox"/> Mobile Food Dispensing Vehicle (2014/MFDV)	<input type="checkbox"/> Hot Dog Cart (2014/HTDG)	<input type="checkbox"/> Temporary Commercial Kitchen (2014/TECK)
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Provide Vehicle or Kitchen Specific Information:

Yes **No** – Is this vehicle or kitchen self-sufficient? If “No”, you are required to provide commissary information for approval.

Provide the **Vehicle Identification Number (VIN)** or **Serial Number** if available: _____

Section 2 – Application Type

Provide your public food service establishment’s previous license status and information:

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 1035: 2014-HTDG New Combo 1036: 2014-MFDV New Combo 1038: 2014-TECK	Change Owner 3020: 2014-HTDG Change Owner 3021: 2014-MFDV Change Owner 3024: 2014-TECK
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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 General Application 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)		



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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 – DBA and Commissary or Water/Sewer Location Information (LL)

Provide the DBA of your business and Commissary or Water/Sewer Location Address:

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
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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 – 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

Reminders:

- [Create your Online Account](#) to self-print and maintain your license.
- If the establishment is not self-sufficient, complete form **DBPR HR-7022, Commissary Services Notification** for all commissaries to be used by this vehicle or kitchen to store food, dump wastewater, etc. The form is available on our website: <http://www2.myfloridalicense.com/hotels-restaurants/forms-publications/>
- For **Temporary Commercial Kitchens** complete form **DBPR HR-7034, Notification of Temporary Commercial Kitchen Operations** to designate the initial operating location and to designate a new operating location whenever the operating location changes. The form is available on our website: <http://www2.myfloridalicense.com/hotels-restaurants/forms-publications/>