## DBPR HR-7022 - Division of Hotels and Restaurants Commissary Notification

## STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**Division of Hotels and Restaurants** 

2601 Blair Stone Road, Tallahassee, Florida 32399-1011

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Internet: www.MyFloridaLicense.com/dbpr/hr/

For Office Use Only
Log Number
File Number

NOTE - This form must be submitted as part of an application packet.

Section 1- Mobile Food Dispe			itted as part of an appil	cation packet.			
Owner Name	snamy vernole informa		Phone Number (include area code)				
Vehicle Name (DBA)				License Number			
Section 2 – Primary Commiss	sary Information						
Primary Commissary Name							
Commissary Address							
Commissary Address							
City			Code (+4 optional)	County			
Primary Phone Number (incl	ude area code)						
Primary Commissary License Number (if available)			Primary E-Mail Address				
1_ 1_				Γ			
Licensed By DBPR [	Department of Agri	culture &	ure & Consumer Services				
Water Supply of Primary Commissary	☐ Municipal/Utility		Supplier Name				
	☐ On-site Well		Permit Number				
Wastewater Disposal of Primary Commissary	☐ Municipal/Utility		Supplier Name				
	☐ Septic Tank System		Permit Number				
	☐ Package Plant						
I intend to conduct the follow	ing activities at my pri	imary coı	nmissary:				
Dish or equipment wash	ing Yes	☐ No	Storing food (includi	ng ice or drinks)	☐ Yes	☐ No	
Dumping wastewater		☐ No	Storing dry goods		☐ Yes	☐ No	
Receiving potable water	☐ Yes	☐ No	Cooking and/or rehe	eating food	☐ Yes	☐ No	
Washing the outside of the vehicle Yes		☐ No	Other (Describe belo	ow)	☐ Yes	☐ No	
Section 3 – Signature							
I certify that I am empowered that my signature on this writer							
perjury, I declare that I have			•		•		
falsification of any materia	I information on this	applica	tion may result in cri	minal penalty or ac	dministra	tive	
action, including a fine, su						<b>;</b>	
application or submit required documentation will dela Print Name Sign			<u> </u>	piaris ariu ilcerisure	Date		
Diagon list additional constitution			Han an manusaria	L Landa de Charlet	D''		
Please list additional commis commissaries are used.	ssalles used on the ne	ext page.	ose as many pages a	is needed. Check h	iere 🔲 if a	additional	

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Commissary Name	nmissaries												
Commissary Address													
City			ip Code (+4 optional) County										
Phone Number (include area	code)	•											
Commissary License Number (if available)			E-Mail Address										
Licensed By DBPR	Department of Agricult	ure & C	Consumer Services	☐ Department of Health	☐ None								
Water Supply	☐ Municipal/Utility	Sup	Supplier Name										
of Commissary	On-site Well	Permit Number											
	☐ Municipal/Utility	Sup	Supplier Name										
Wastewater Disposal	☐ Septic Tank System	Permit Number											
of Commissary	☐ Package Plant												
I intend to conduct the following	<u>-</u>	nissary	location:										
Dish or equipment washir		☐ No	Storing food (includ	ding ice or drinks)									
Dumping wastewater Yes			Storing dry goods	☐ Yes ☐ No									
Receiving potable water	☐ Yes	☐ No	Cooking and/or reh	heating food Yes No									
Washing the outside of th	ne vehicle	☐ No	Other (Describe be	low)	s 🗌 No								
Commissary Name													
Commissary Address													
City			Code (+4 optional)	+4 optional) County									
Phone Number (include area	code)	I			Phone Number (include area code)								
Commissary License Number (if available)			E-Mail Address										
Commissary License Number	r (if available)	E-Mail	Address										
Licensed By DBPR [	r (If available)  Department of Agricu			☐ Department of Health	☐ None								
Licensed By DBPR [	,	Iture & (		☐ Department of Health	☐ None								
, 	Department of Agricu	Iture & (	Consumer Services	☐ Department of Health	☐ None								
Licensed By DBPR [ Water Supply of Commissary	Department of Agricu  Municipal/Utility	Sup	Consumer Services	☐ Department of Health	None								
Licensed By DBPR [ Water Supply of Commissary  Wastewater Disposal	Department of Agricu Municipal/Utility On-site Well	Sup Per Sup	Consumer Services  pplier Name  mit Number	☐ Department of Health	None								
Licensed By DBPR [ Water Supply of Commissary	Department of Agricu Municipal/Utility On-site Well Municipal/Utility	Sup Per Sup	Consumer Services  pplier Name  mit Number  pplier Name	☐ Department of Health	☐ None								
Licensed By DBPR [ Water Supply of Commissary  Wastewater Disposal	Department of Agricu Municipal/Utility On-site Well Municipal/Utility Septic Tank System Package Plant	Sup Per Sup Per	Consumer Services  pplier Name  mit Number  pplier Name  mit Number	☐ Department of Health	None								
Licensed By DBPR [ Water Supply of Commissary  Wastewater Disposal of Commissary	Department of Agricu Municipal/Utility On-site Well Municipal/Utility Septic Tank System Package Plant ng activities at this comm	Sup Per Sup Per	Consumer Services  pplier Name  mit Number  pplier Name  mit Number										
Licensed By DBPR [ Water Supply of Commissary  Wastewater Disposal of Commissary  Lintend to conduct the following	Department of Agricu Municipal/Utility On-site Well Municipal/Utility Septic Tank System Package Plant ng activities at this comm	Sup Per Sup Per	Consumer Services  oplier Name  mit Number  oplier Name  mit Number  location:		s								
Licensed By DBPR [ Water Supply of Commissary  Wastewater Disposal of Commissary  I intend to conduct the following Dish or equipment washing	Department of Agricu Municipal/Utility On-site Well Municipal/Utility Septic Tank System Package Plant ng activities at this comm yes Yes Yes	Sup Per Sup Per No	Consumer Services  pplier Name  mit Number  pplier Name  mit Number  location:  Storing food (inclu	ding ice or drinks) Ye	s								