

**DBPR HR – 7005 DIVISION OF HOTELS AND RESTAURANTS
APPLICATION FOR PLAN REVIEW**

Application begins on page 6

Congratulations on your decision to consider a new business venture! As you explore this opportunity, the Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and tens of millions annual visitors. Toward that goal, we are a resource you can use to see that your new business operates within the requirements of the law.

Plan reviewers will assist you in meeting the design and fire safety requirements in the law, and inspectors will provide educational support on site to help you meet the minimum requirements for healthy and safe conditions and products.

This packet contains information regarding the legal requirements of operating your business. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday between 8AM and 6PM or go online to www.MyFloridaLicense.com/dbpr/hr. Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements for a new business.

We wish you the best of luck and success in your venture.

GENERAL INSTRUCTIONS

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

- Newly built,
- Converted from another use,
- Remodeled or
- Re-opened after being closed at least 1 year.

Please use the checklist below to make sure you provide all necessary requirements for plan review.

APPLICATION

- **Form DBPR HR-7005, Application for Plan Review.** For a mobile food dispensing vehicle operation (including hot dog carts and theme park food carts), please complete form DBPR HR-7006, Mobile Food Dispensing Vehicle Plan Review Application (this may be found in a separate application packet).

COMBINED LICENSE APPLICATION—If you want to apply for your food service license at the same time as your plan review, please complete form DBPR HR-7030, Application for Public Food Service License with Plan Review, instead of this form. If you are not ready to apply for your license yet, please complete this form and submit a separate license application, form DBPR HR-7007 Application for Public Food Service License at least 30 days before you are ready to begin operations.

- **A sample menu** or menu information listed on a separate document.
- **Water and wastewater information and approval.** You may submit a copy of your current water and/or sewer bill as proof of approval. If your establishment is on a well or septic tank, use the Evaluation of Onsite Sewage (Septic) And Water Supply Capacity form. You may also use this form if you do not have a copy of the water or sewer bill. The local authority must sign this form. The local Department of Health and Department of Environmental Protection handle well and septic tank approvals.
- **Equipment specifications**, if the proposed equipment is not customary for food service operations.

FEES

- Application fee of \$150, payable by check or money order to the Division of Hotels and Restaurants. Cash is not accepted.

PLANS

- At least two (2) scaled drawings. The division will keep one and return any additional sets to the applicant. You may submit additional sets required by local authorities.
- Label all areas of the building (e.g., bars, wait stations, seating, dining areas). Include a site plan (drawing of the area surrounding your business) if your business is part of a larger structure.
- Identify all equipment (e.g., stoves, refrigerators, steam tables, prep tables). Plans must include a utility sink, handwash sink(s) and a three-compartment sink or a commercial dishwasher.
- Identify all exits and mark the direction of door swing.
- Indicate the location and type of all portable fire extinguishers and, if applicable, all automatic fire suppression/ventilation hood system(s). (For reporting purposes)
- Indicate the dumpster location and the type of material it will be placed on, which is required to be non-absorbent.
- Identify all storage areas including where cleaning equipment and supplies, dry goods and employee personal items are stored.

After we approve your plans, we will send you a letter. This letter will give you the address in Tallahassee to send your completed license application and fees (this is a separate application packet). For faster processing, please attach a copy of the plan review letter to the application and fee. We have to receive and process your license application and fee before you can open your business.

After we approve your plans, it is important that you construct the facility exactly as approved and meet all other local code requirements. When construction is completed, the division must inspect the establishment to verify that you have constructed it according to the approved plans and any provisos. The inspection will also confirm that the establishment complies with code requirements and is ready to operate. You may schedule an inspection by request to our Customer Contact Center at 850.487.1395 when plans are approved and we have processed the license application and fees. When we complete the inspection successfully, the inspector will approve you to operate and give you a temporary license so you can obtain local authorizations and licenses.

HOW TO DRAW A FLOOR PLAN

The completed drawing should be a good representation of exactly how your establishment looks in real life or how you intend it to look when it has been built. By following these simple instructions, you will be able to draw an accurate, scaled floor plan yourself.

A floor plan is a measured drawing that is an exact miniature representation of your establishment as seen from an overhead view. The plan must be drawn “to scale”, which means that everything must be in the correct proportions. For example, if the establishment is 40 feet long and 20 feet wide, then the length wall would be drawn twice as long as the width wall on your paper. The same is true for all of the interior walls, rooms, and equipment.

Begin by measuring the length and width of your establishment with a tape measure as well as the lengths and widths of all interior rooms including kitchens, dining rooms, bars, store rooms, walk-in coolers, etc. Note: Write down all the measurements taken on a piece of paper for future reference.

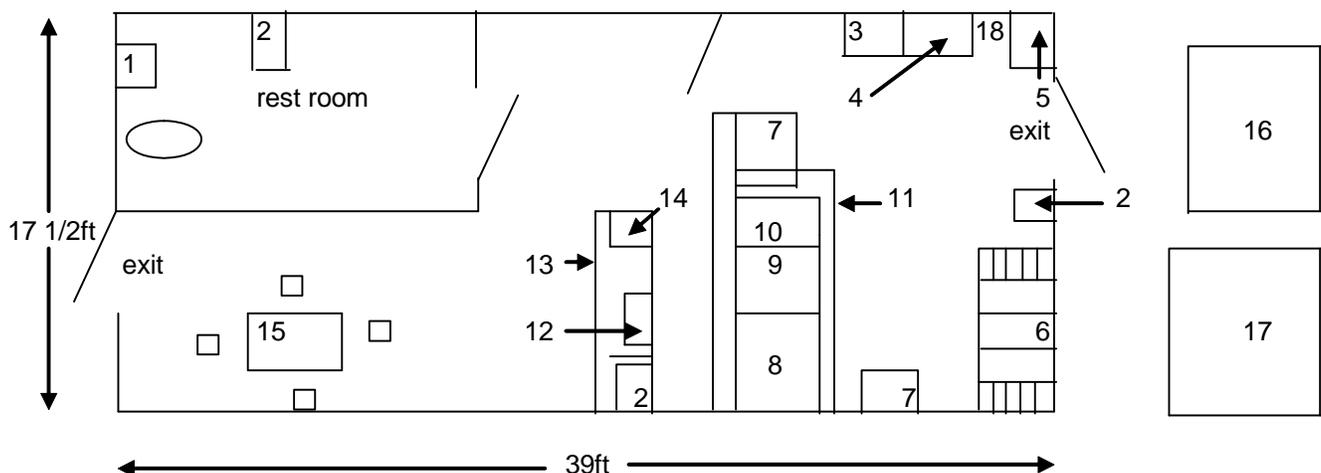
Next, measure the length and width of all sinks, tables, worktables, counter tops, and other equipment throughout the establishment. Also measure the spaces between each piece of equipment so that you will be able to accurately position each piece on your plan. You should now have all the measurements needed to complete the drawing. If your establishment does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

Draw the plan on graph or quad paper. You may use any size grid, however the most common (and simple) graph paper in office supply stores is labeled as ¼ inch grid. On this graph paper, each small square is ¼ inch long. The way to draw a plan “to scale” is to make each ¼ inch square equal to an exact real life distance. For example, if you make 1 foot equal to a ¼ inch square, then a table in your establishment that is 4 feet long and 3 feet wide is drawn to cover 4 squares across and 3 squares deep. Using the same ¼ inch=1 foot scale, if your establishment is 40 feet long and 20 feet wide, the wall would be 40 squares long and 20 squares wide on the graph paper. Remember to show all exit doors and how they swing.

Draw all interior rooms, walls, hallways and doors according to your measurements. Add all the equipment, sinks, tables, etc., positioned accurately on the plan. Identify each piece of equipment with a number. Create a list identifying to what each number refers:

Example Equipment List

1. Ventilation fan	7. Work top refrigerator	13. Counter
2. Handwash sink	8. Four-burner stove	14. Cash register
3. Ice machine	9. Flat-top griddle	15. Table & chairs
4. Refrigerator / freezer	10. Fryer	16. Grease trap (outside)
5. Mop sink	11. Hood with suppression system	17. Dumpster (outside)
6. 3-compartment sink with drainboards	12. Hot dog machine	18. Water Heater



INSTRUCTIONS FOR COMPLETING THE APPLICATION

SECTION 1 – OFFICE USE ONLY

This is for division office use only. Please do not complete this section.

SECTION 2 – ESTABLISHMENT TYPE

Indicate the type of service that best describes your establishment. (Required)

SECTION 3 – PLAN REVIEW TYPE

Indicate the type of plan review requested that best describes your establishment. (Required) When reopening or remodeling an existing establishment, please provide the name of the previous owner and license number at this location (if known). This information will help us process your plan review faster.

SECTION 4 – OWNER AND MAIN ADDRESS

Complete the mailing information as completely as possible. If you submit incomplete information, your plans will be delayed or denied.

- Owner Federal Employer Identification Number (FEIN) – businesses are required to have an FEIN before operating in Florida. If you already have this number, please provide it on the application. This will help the division identify your business later in the process. To obtain an FEIN, contact the U. S. Internal Revenue Service at 800.829.4933 for an application. (Optional)
- Owner Name – individual person or organization that currently owns the establishment. Also, check the appropriate box indicating whether the owner is legally a corporation, partnership or individual person. For establishments owned or operated by partnerships, corporations or cooperatives, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity. (Required)
- Routing Name – if contact name is different than the owner, please indicate in the space provided. (Optional)
- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number – primary contact number for questions or concerns about the application. (Required)
- E-Mail Address – additional means of contacting applicant. (Optional)

SECTION 5 – ESTABLISHMENT LOCATION INFORMATION

Complete the establishment information as completely as possible. Incomplete information will result in the application being delayed or denied.

- Establishment Name (Doing Business As [DBA]) – the name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Burger King #103). (Required)
- Street Address, City, Zip Code, Florida County – address of the establishment. For mobile food dispensing vehicles, this should be the commissary address in Florida. (Required)
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

SECTION 6 – MAILING INFORMATION

This is an optional additional address for mailing if applicable. If this information is the same as Section 3 or Section 4, please indicate.

- Routing Name – if correspondence should be mailed to a different name than the owner, please indicate in the space provided. (Optional)
- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

SECTION 7 – SUPPORTING DOCUMENTS

This section is a checklist of the additional documents that you must provide with the plan review application. (Required)

SECTION 8 – GENERAL INFORMATION

Complete all information as indicated. Approved plans are valid for one (1) year. The division may grant a one-time extension up to an additional six months if requested in writing before expiration of the initial one-year approval. (Required)

SECTION 9 – FINISH SCHEDULE

Indicate the type of material that you will use in the areas indicated. All construction finishes must be smooth, easily cleanable and nonabsorbent. The area where wall meets floor must be curved and sealed for easy cleaning. (Required)

SECTION 10 – DISHWASHING FACILITIES

Indicate whether you will do dishwashing manually or mechanically. If done manually, a three-compartment sink with drainboards at each end or equivalent shelving is required. If done mechanically, a commercial dishwashing machine with gauges is required. Indicate the sanitization method to be used by the dishwashing machine. Any dishwashing machine installed after January 1, 1998 must be equipped to indicate by sight or sound when you need to add detergent and/or chemical sanitizer to the machine. Please indicate the location of all dishwashing equipment on the plans. (Required)

SECTION 11 – OTHER FACILITIES

Indicate the number of each type of bathroom, handwash sink and food preparation sink installed. Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s). Also, identify the service/mop sink and water heater location. (Required)

SECTION 12 – FIRE SAFETY EQUIPMENT (FOR REPORTING PURPOSES)

Indicate the number of each type of portable fire extinguisher that you intend to install. Be sure to indicate the location of each fire extinguisher on the plans. K Class portable fire extinguishers and automatic hood suppression systems are required when grease-laden vapors or smoke are produced. If occupancy is over 300, a fire sprinkler system and fire alarm system are also required. Please check the appropriate boxes to indicate whether you are installing automatic hood suppression systems or fire sprinkler systems. Failing to meet minimum fire safety requirements will not result in your plans being denied. We will notify you if the plans indicate a possible fire safety violation. This information will be reported to the State Fire Marshal or local fire authority. (Required)

SECTION 13 – SIGNATURE

Please print your name and then sign and date the application before submitting. (Required) When complete, please submit your application, plans, supporting documents and \$150 fee to:

**Department Of Business and Professional Regulation
Division of Hotels and Restaurants
1940 North Monroe Street
Tallahassee, Florida 32399-1011**

Reminder: Please use the entire 9-digit zip code in the address above to ensure proper handling. An incomplete application will result in the application being delayed or denied. Please allow up to 30 days for processing after mailing.

Approval of your plans means that your plans appear to meet the minimum requirements of the Division of Hotels and Restaurants. You must make sure that you meet all other requirements that apply. **Plan approval does not guarantee that the division will approve the completed establishment's structure or equipment. In addition, a separate LICENSE APPLICATION, payment of LICENSE FEES and an establishment INSPECTION are required prior to licensing.** See Rules 61C-1.002, F.A.C., & 61C-1.008, F.A.C. for more licensing information.

Be sure to send the completed plan review application, supporting documents and required \$150 fee. Providing complete information will help us process your plan review faster.

NOTE: All establishments are required to meet the sanitation and safety standards provided by law.

- All refrigeration must maintain potentially hazardous foods at 41°F or colder. You must install thermometers in the warmest part of all refrigeration/freezer units. A probe-type thermometer scaled for its intended use is required for employees to check food temperatures. Be sure all thermometers are calibrated and present at the time of the opening inspection.

If you intend to have bare hand contact with ready-to-eat food, you must first have an approved Alternative Operating Procedure (AOP). DBPR Form HR 5022-049, Alternative Operating Procedure (AOP), incorporated by reference in rule 61C-4.010(1), FAC, and available on the division's website, explains the requirements. If you do not have an approved AOP, food employees may not touch ready-to-eat foods with their bare hands. Employees in establishments without an AOP must use utensils such as deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.

DBPR HR-7005 – Division of Hotels and Restaurants Application for Plan Review

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

1940 North Monroe Street, Tallahassee, Florida 32399-1011

Phone: 850.487.1395 – E-mail: dhr.planreview@dbpr.state.fl.us

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

For Office Use Only
Log Number
File Number

NOTE – Please submit completed application with plans, fees and supporting documents in Section 7.

Section 1 – Office Use Only

Date Received			Initials	\$150 Plan Review Fee	
Month	Day	Year		Check #	Money Order #

Section 2 – Establishment Type

Please check the appropriate box and provide information as applicable.

Seating (2010/SEAT)
 No Seats (2010/NOST)
 Catering (2013/CATR)

Section 3 – Plan Review Type

Please check the box that best describes your establishment. Please check only one box.

New
 Closed More than 1 Year
 Change owner with remodel*
 Same owner remodel

* Have you recently become the owner of this business? Yes No If the Division of Hotels and Restaurants has licensed this business location before, please provide the following information *.

* Name of Business Under Previous Owner _____ * License Number _____

OFFICE USE ONLY – TRANSACTION CODES

1030 – Seating or Catering – New or Closed more than 1 year	3020 – Change of Owner: Seating
1031 – Nonseating – New or Closed more than 1 year	3021 – Change of Owner: Nonseating or Catering
	3027 – Same Owner remodel

Section 4 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this establishment.

Owner Federal Employer Identification Number (FEIN) – optional

Owner Name (please check one: Corporation Partnership Individual)

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 5 – Establishment Location Information (LL)

Establishment Name (DBA)

Street Address

City	Zip Code (+4 optional)	Florida County
Phone Number	E-Mail Address	

Section 6 – Mailing Information (LM)

Note: This address will be used by the department for all mailings, including the license.

Complete below or check here if: Same as Section 4 – Owner and Main Address Same as Section 5 – Establishment Location

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 7 – Supporting Documents

Please attach the following documents:

- Minimum of two (2) sets of scaled plans, for both new and remodeled areas, showing all kitchen equipment, plumbing fixtures, bars, storage areas, etc. We will keep one set for our records. You may submit as many sets of plans that you need stamped for local authorities.
- Proposed Menu (list of specific foods)
- Proof of Approved Water and Sewer – You may submit a recent copy of water and/or sewer bill as proof of approval. If your business is on a well or septic tank, or if you do not have a copy of your water/sewer bill, please submit a completed **EVALUATION OF ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY CAPACITY** form with your plans. Your local authority must sign this form. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.
- Equipment Specifications (if proposed equipment is not customary for food service operations)

Section 8 – General Information

Number of Seats	Maximum Number of Staff per Shift	Total Square Footage of the Establishment	Number of Exits
Projected Start Date of Construction		Projected Completion Date of Construction	

Approved plans are valid for one (1) year. Extensions must be requested in writing prior to expiration.

Section 9 – Finish Schedule

Please indicate the type of material used in the following areas (e.g., 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 wall meets floor must be curved and sealed.

Section 10 – Dishwashing Facilities – Show On Plans

Manual (3-compartment sink with drainboards or equivalent shelving)

Mechanical (Dishmachine/Glass washer)

Sanitization Method:

Chemical

Heat (Hot Final Rinse)

Section 11 – Other Facilities – Show On Plans

Number of Bathrooms	Public	Employee	Unisex	Total
Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s).				
Number of handwash sinks		Number of prep sinks		
Mop sink location		Water heater location		

Section 12 – Fire Safety Equipment – For Reporting Purposes

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 13 - Signature

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.** I understand that if I failed to complete the application or submit the required supporting documents, my plan review will be delayed.

Print Name _____ Signature _____ Date _____

Approval of your plan means that your plan appears to meet the minimum requirements of the Division of Hotels and Restaurants. You must make sure that you meet all other requirements that may also apply. **The division requires a separate LICENSE APPLICATION, payment of LICENSE FEES and an establishment INSPECTION prior to licensing.**

Complete the application and supporting documents and mail them with the appropriate fees to the address on this form. Please use the entire 9-digit zip code in the address to ensure proper handling.