

**DBPR HR-7031 DIVISION OF HOTELS AND RESTAURANTS  
APPLICATION FOR MOBILE FOOD DISPENSING VEHICLE LICENSE WITH PLAN REVIEW**

**Application begins on page 7**

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/dpbr/hr](http://www.MyFloridaLicense.com/dpbr/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**

A **Mobile Food Dispensing Vehicle (MFDV)** is a vehicle-mounted public food service establishment. Some MFDVs are self-propelled and built to travel on public streets. Other MFDVs are not self-propelled but can be moved from place to place. MFDVs may even be watercraft.

Self-sufficient vehicles are identified as those units that contain, as part of the vehicle, a three-compartment sink for washing, rinsing, and sanitizing equipment and utensils; a separate handwash sink; adequate refrigeration and storage capacity; full provision of power utilities including electrical, LP gas, or a portable power generation unit; a potable water holding tank; and a liquid waste disposal system in accordance with Subparts 5-3 and 5-4 of the Food Code. Self-Sufficient vehicles must have a location where water can be safely procured and where wastewater can be legally disposed of. This location **cannot** be a private residence. Mobile food dispensing vehicles are not allowed to obtain water from or dispose of wastewater at a private residence, or prepare food; store food products, equipment or utensils; or conduct warewashing or any other activities related to the public food service in a private residence.

Unless self-sufficient, MFDVs need a support site called a **commissary**. A **commissary** is a public food service establishment licensed by the division or a food establishment permitted by the Department of Agriculture and Consumer Services where the MFDV goes for services that are not done on the vehicle. A commissary may provide a potable water source or a wastewater disposal site. You may prepare, package or store food at this location or use a three-compartment sink on the premises to wash and sanitize equipment or utensils. Food containers or other supplies may be stored at the commissary. **THE DIVISION DOES NOT ALLOW FOOD SERVICE ACTIVITIES, INCLUDING PROCUREMENT OF WATER OR DISPOSAL OF WASTEWATER, TO OCCUR IN A PRIVATE RESIDENCE.**

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

## DBPR HR-7031 – Division of Hotels and Restaurants Application for Mobile Food Dispensing Vehicle License with Plan Review

### APPLICATION

- **Form DBPR HR-7031 Application for Mobile Food Dispensing Vehicle License with Plan Review.** For other types of food service, including fixed establishments and caterers, please complete form DBPR HR-7030 Application for Public Food Service License with Plan Review (this may be found in a separate application packet). Please be sure to complete all items on the application, especially finishes for the floors, walls and ceiling.

**FILING SEPARATE APPLICATIONS**—This application packet includes everything necessary to apply for a mobile food service license and plan review at the same time. Usually, we recommend you apply for plan review prior to building or remodeling your establishment, and then apply for license at least 30 days before you begin operations. If you want to apply for your plan review and food service license separately, please complete form DBPR HR-7006, Mobile Food Dispensing Vehicle Plan Review Application, and form DBPR HR-7007, Application for Public Food Service License, instead of this form.

- If the vehicle is not self-sufficient, you must complete **Form DBPR HR-7022—Division of Hotels and Restaurants Commissary Notification** for all commissaries to be used by this vehicle to store food, dump wastewater, etc. See page 11 for separate instructions on completing this form. We cannot approve the plans without the information on this form.
- **Water and wastewater information** and approval for the commissary where you will get potable water, dump wastewater or prepare food. If the vehicle is self-sufficient, you must provide proof of approved water and sewer service at the location where the unit will use these services. You may submit a copy of your water and/or sewer bill as proof of approval. If your commissary 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

Fees are listed in rule 61C-1.008, Florida Administrative Code. For your convenience, we provide an automated license fee calculator and fee tables on our website at [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr). If you are unsure of the fee, please contact the DBPR Customer Contact Center at 850.487.1395 for the correct license fee amount. In addition to the license fee, there is a one-time application processing fee of \$50 and a plan review fee of \$150. Please make your check or money order for your fees made payable to the Department of Business and Professional Regulation. The division does not accept cash payments.

### PLANS

- At least two (2) scaled drawings. The division will keep one and return any additional sets to the applicant.
- Label all areas of the vehicle and equipment (e.g., stoves, refrigerators, steam tables, prep tables, barbeque grills, portable fire extinguishers, ventilation hoods, etc.).
- Label all plumbing fixtures. Plans must include a hand wash sink and a three-compartment sink for dishwashing (if applicable).
- Indicate size and location of the service opening(s) and how the opening(s) will be protected when not in use.
- Indicate size (in gallons) of the potable water and wastewater holding tanks. Wastewater holding tanks must be at least 15% larger than the potable water holding tank.
- Indicate the location of the gas supply and/or water heating device, if applicable.
- For hot dog carts, indicate the type of overhead protection provided (e.g., umbrella, etc.).
- Include a side view of the vehicle.
- If self-sufficient, please indicate this on your plans.

### OPENING INSPECTION

Once we have received and processed all of the above requirements, we will contact you for an opening inspection.

- If you have 1) completed plan review, 2) submitted your application and fees, 3) you are ready to open your establishment, and 4) you have not heard from us about your inspection, please contact the DBPR Customer Contact Center at 850.487.1395 to request an inspection.
- Inspectors do not routinely conduct pre-opening or courtesy inspections. Do not call to schedule an opening inspection unless absolutely ready to open.

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- If opening a newly built, converted or reopened vehicle, do not begin to serve food to the public until a satisfactory inspection and a receipt for license to operate have been obtained.
- Change of ownership applications do not require an inspection if the previous owner received a satisfactory inspection within 120 days before the application is processed. If there was no inspection within this time period, we will conduct the opening inspection after you legally become the new owner. See page 6, section 2 for the appropriate application type.
- Ensure that all required equipment is installed and functional prior to the inspector's visit and all the necessary licensing information has been obtained, including owner's name and social security number, Federal Employers Identification Number and/or sales tax number. Have proof of other approvals on site, such as building, electrical, fire, plumbing, etc.
- After achieving a satisfactory inspection, please allow 30 days to receive the license in the mail. You will receive a temporary license after your satisfactory inspection that will allow you to operate until the actual license arrives.

**HOW TO DRAW A FLOOR PLAN**

The completed drawing should be a good representation of exactly how your vehicle looks in real life or how you intend it to look when completed. 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 unit as seen from an overhead view and/or side view. The plan must be drawn "to scale", which means that everything must be in the correct proportions. For example, if the unit is 20 feet long and 10 feet wide, then the length would be drawn twice as long as the width on your paper. The same is true for all of the equipment and sinks.

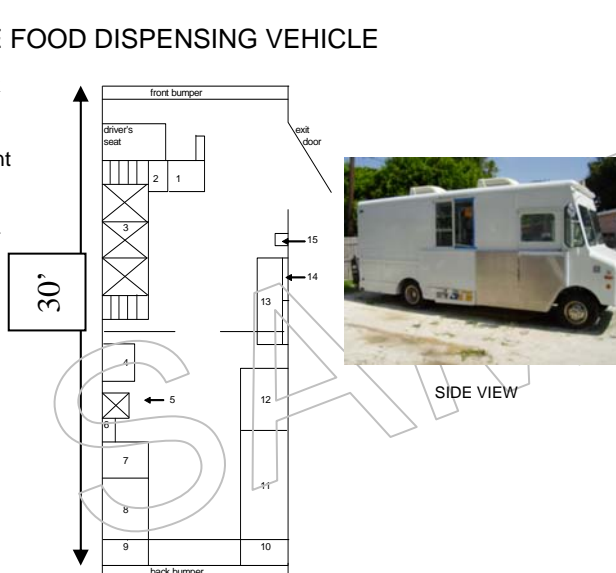
Begin by measuring the length and width of your unit with a tape measure as well as the lengths and widths of all equipment, etc. Note: Write down all the measurements taken on a piece of paper for future reference. If your unit does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

You may use any size graph paper, but the most common (and simple) graph paper is labeled as ¼ inch grid. Each small square is ¼ inch long. You can find this type of graph paper in office supply stores. To draw your plan "to scale", make each ¼ inch square equal to a real life distance. For example, if you decide that 1 foot is equal to a ¼ inch square, then a grill 2-feet long and 1-foot wide is drawn to cover 2 squares across and 1 square deep. Remember to show all doors and windows.

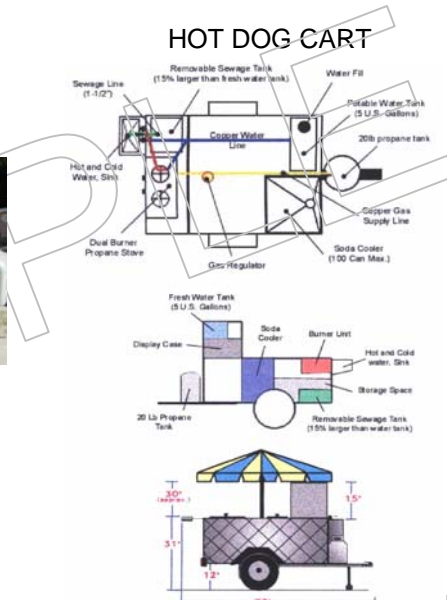
Identify all pieces of equipment with a number and create a list identifying to what each number refers. As an alternative, you may label each item like in the sample to the right. Provide two (2) copies of the floor plans to include the location of all sinks, potable and wastewater tanks, food storage areas, refrigerators, cooking equipment, work surfaces, propane tanks (if applicable), doors, windows and any other equipment present. Wastewater holding tanks must be 15% larger than the potable water holding tank (indicate size in gallons).

**MOBILE FOOD DISPENSING VEHICLE**

1. Potable water tank – 20 gallons
2. Water heater
3. Three-compartment sink w/drainboards
4. Wastewater tank – 25 gallons
5. Handwash sink
6. Waste receptacle
7. Flat top griddle
8. Stove
9. Propane tank
10. Generator
11. Work table
12. Refrigerator
13. Service counter
14. Service window
15. Fire extinguisher



**HOT DOG CART**



**INSTRUCTIONS FOR COMPLETING THE MFDV PLAN REVIEW APPLICATION**

**SECTION 1 – OFFICE USE ONLY**

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

**SECTION 2 – FOOD SERVICE LICENSE TYPE**

Indicate the type of license that best describes your vehicle. A mobile food dispensing vehicle is an enclosed trailer or vehicle mounted unit that contains equipment and is closed up when not in operation. A hot dog cart is an open-air vehicle that prepares frankfurters only. A theme park food cart must be located in a theme park or entertainment complex. (Required)

**Self-sufficient:** It is important that you answer this question as it relates to the self-sufficiency of your vehicle as defined in this application packet. If you do not answer “Yes”, the division will assume your vehicle is not self-sufficient and require the commissary and water/wastewater forms. (Required)

**SECTION 3 – APPLICATION INFORMATION**

- **Application Type** – indicate the type of application to be processed. For newly constructed establishments, or facilities converted from another previous usage, choose “New Vehicle(s).” For all establishments previously licensed within the last year, choose “Change of Ownership.”
- **License Number and Previous Business Name** – for applications for change of ownership, please indicate the previous license number and previous business name if known. This information will facilitate the processing of the application.
- **Federal Employers Identification Number (FEIN)** – required for business/corporate applicants.
- **Social Security Number** – at least one social security number is required. 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 numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.
- **Sales Tax Number** – required by the Florida Department of Revenue to do business. If exempt, please mark the checkbox accordingly.
- **Opening Date** – please indicate the date the establishment will be opened for business.

**SECTION 4 – OWNER AND MAIN ADDRESS**

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

- **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)

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**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 that are not self-sufficient, this should be the commissary address in Florida. For mobile food dispensing vehicles which are self-sufficient, this may be either the ownership address or the mailing address. (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 – LICENSE MODIFIERS**

Please answer these questions. If the facility is intended to operate for a limited amount of time each year (i.e., seasonal), indicate approximate start and end dates for operation. (Required)

**SECTION 8 – SUPPORTING DOCUMENTS**

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

**SECTION 9 – PLAN REVIEW TYPE**

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

**SECTION 10 – 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 11 – 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 applicable fees 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.**

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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 vehicle's structure or equipment.** See rules 61C-1.002, FAC, and 61C-1.008, FAC, for more licensing information.

Be sure to send the completed plan review application, supporting documents and required fees (license fee + \$50 application fee + \$150 plan review fee). Providing complete information will help us process your plan review faster.

NOTE: All units 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 that is 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 units without an AOP must use utensils such as deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.
- A self sufficient Mobile Food Dispensing Vehicle includes:
  1. A three compartment sink for dishwashing;
  2. A separate handwashing sink;
  3. Adequate refrigeration and storage;
  4. Full utilities including electrical, LP gas or a portable power generation unit;
  5. Potable water holding tank; and
  6. A wastewater tank in accordance with subparts 5-3 and 5-4 of the FDA Food Code.



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**Section 5 – Establishment Location Information (LL)**

**For mobile food dispensing vehicles and hot dog carts**, the license location is the primary commissary address. For self-sufficient vehicles that do not use a commissary, this address may be the owner's main address or mailing address.

Establishment Name (DBA)

Florida Driver License #

Florida License Tag #

Street Address (primary commissary address for mobile food dispensing vehicles or hot dog carts that are not self-sufficient)

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 – License Modifiers**

**Seasonal:** Will this establishment be operated only during a particular time period during the year?  Yes  No

If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date

End Date

**Catering:** Will this establishment offer catering service, either as a primary or secondary service?  Yes  No

**Section 8 – Supporting Documents**

Please attach the following documents:

- Minimum of two (2) sets of scaled plans 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.
- **For vehicles that are not self-sufficient, DBPR HR-7022—Division of Hotels and Restaurants Commissary Notification** for all commissaries to be used by this vehicle. We cannot approve the plans without the information on this form.
- Proof of Approved Water and Sewer for each proposed commissary location or, for self-sufficient vehicles, other location where these services are acquired. – 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.

**Section 9 – 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



**Section 10 – General Information**

Menu Information (list all foods that will be served from your vehicle)

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**The wastewater tank must be at least 15% larger than the fresh water tank. Tanks must be a part of the vehicle.**

Water Tank Size (gallons) and Location

Water Heating Device Size (gallons) and Location

Wastewater Tank Size (gallons) and Location

Vehicle Interior Finishes (for enclosed units only–e.g., FRP, vinyl, painted metal, etc.)

Floor	
Cove Base (Baseboards)	
Walls	
Ceiling	

**Section 11 - Signature**

SECTION 559.79 (2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

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

**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.**

## **Instructions/Explanations for Interagency Coordination of Regulated Establishments /Evaluation of Onsite Sewage and Water Supply Capacity**

As indicated on the evaluation page, the evaluation is to ensure facilities/businesses regulated by the Department of Business and Professional Regulation (DBPR), Department of Agriculture and Consumer Services (DACCS), Department of Children and Families (DCF), Agency for Health Care Administration (AHCA) and Agency for Persons with Disabilities (APD) are evaluated for adequate water and sewage services before opening or expanding operations. When the evaluation form is completed, it is returned to the licensing agency to indicate whether or not the water and sewage services are adequate and have been approved by the appropriate agency or utility authority. The evaluation form is used to facilitate and expedite the approval process. The evaluation form is not intended to be used for existing or failing systems not associated with any changes to the operation. *If the business/facility is served by onsite water or onsite septic system (one or both), the evaluation form must be completed by the Department of Health/County Health Department (DOH/CHD) in sections 2 and/or 3 and the regulating agency must not complete licensing until the DOH/CHD has approved the onsite septic and/or water system.*

### **Section 1 – Evaluation Request For/Licensing Agency.**

This section should be completed by the applicant. Ensure correct information regarding the applicant and facility is provided. Indicate by checking the appropriate box if this request is for a new facility, expansion/remodeling, or change in occupancy/tenancy.

- New – A newly constructed business/facility
- Expansion/remodeling – a business/facility that is being remodeled or upgraded. This could be due to an increase in seating (food service establishment), change in food operation (e.g., single service to full service, an increase in operation hours, addition of a deli or food preparation in a convenience store, etc.), in increase of the food preparation in a food outlet or bakery, increase in the residents in a adult living facility and increase in students in a childcare facility and more.
- Change in Occupancy/Tenancy – an existing business that has changed occupancy or tenancy resulting in changes to the business operation.

Indicate the appropriate licensing agency, permit number (if available), contact person with the licensing agency, phone number and any comments. In addition, complete the establishment information. Clearly indicate the name and physical address of the business/establishment, the type of business (i.e., restaurant, convenience store, bakery, childcare, adult living facility etc.) Provide the name of a contact person and phone number.

### **Section 2 – Water**

This section is to be completed by the DOH/CHD, Department of Environmental Protection (DEP) or the Utility Authority.

#### If served by Municipal/Public Water:

Indicate the name of the supplier. You may provide the appropriate documentation requested by the licensing agency to validate this or have the Municipal/Public Water provider complete the evaluation section.

#### If served by an Onsite Water System regulated by DOH:

The entire portion of Section #2 should be completed by DOH/CHD. In this section list the permit number if a permit has been issued. Indicate the type of water system. List the result of the evaluation as either approved or denied. In comments section list any conditions of approval or disapproval that may be necessary. At the bottom of the form indicate the name and title of the Health Official reviewing or approving the evaluation including a signature, date, office address and phone number. The licensing agency needs this information for reference, questions and any validation that may be necessary.

### **Section 3 - Wastewater**

This section is to be completed by the DOH/CHD, Department of Environmental Protection (DEP) or the Utility Authority.

#### If served by a Municipal/Public Sewer:

Indicate the name of the supplier. You may provide the appropriate documentation requested by the licensing agency to validate this or have the Municipal/Public Sewer provider complete the evaluation section.

#### If served by a Septic/Onsite Wastewater System:

This entire portion of Section #3 should be completed by the DOH/CHD. In this section list the permit number if a permit has been issued. List the result of the evaluation as either approved or denied. If approved, list the conditions of approval. The conditions include; food service establishments that are designed for single service utensils only, the number of seats approved, the hours of operation, in group care/institutional facilities the number of residents or students, in adult living facilities the number of bed or clients, other conditions and whether or not food service is provided. In the comments section, other details or conditions of permitting/approval can be listed. At the bottom of the form indicate the name and title of the Health Official reviewing or approving the evaluation including a signature, date, office address and phone number. The licensing agency needs this information for reference, questions and any validation that may be necessary.

**INTERAGENCY COORDINATION OF REGULATED ESTABLISHMENTS - DOH/DACS/DBPR/DCF/AHCA/APD  
EVALUATION OF ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY CAPACITY**

This evaluation is to ensure certain regulated facilities/businesses are evaluated for adequate water and sewage services before opening or expanding operations. If the facility/business is on a DOH regulated onsite well or onsite septic system, completion of this evaluation will facilitate and expedite the approval process. Please return to the appropriate licensing agency when complete.

Section 1 - EVALUATION REQUEST FOR/LICENSING AGENCY				
<b>Completed by Applicant</b>	<input type="checkbox"/> <b>New</b> (new building or structure)	<input type="checkbox"/> <b>Expansion / Remodeling</b> (increase in seating/residents/other)	<input type="checkbox"/> <b>Change in Occupancy/Tenancy</b>	
	Licensing Agency: <input type="checkbox"/> <b>DBPR</b> <input type="checkbox"/> <b>DACS</b> <input type="checkbox"/> <b>DCF</b> <input type="checkbox"/> <b>AHCA</b> <input type="checkbox"/> <b>APD</b>		License Number:	
	Contact Person:		Phone:	FAX:
	Comments:			
	ESTABLISHMENT INFORMATION			
Establishment Name:		Type of Establishment:		
Address:		Contact Person / Phone#:		
City:		County:	Zip:	

Section 2 – WATER				
The above named facility/business uses the following water supply (choose one type), and complete evaluation:				
<b>Completed by DOH/CHD, DEP or Utility Authority</b>	<input type="checkbox"/> <b>Municipal/Public Water System</b>	Name of Supplier:		
	<input type="checkbox"/> <b>Onsite Well System</b>	Permit Number:		
	<input type="checkbox"/> Establishment served by a 64E-8, F.A.C., Limited Use Public Water System, DOH Regulated			
	<input type="checkbox"/> Establishment served by a Florida Safe Water Drinking Act (DEP or DOH) regulated public water system			
	SYSTEM EVALUATION RESULT: <i>(this section below normally only completed by DOH if on a DOH water system)</i>			
	<input type="checkbox"/> <b>Approved</b>	Comments:		
	<input type="checkbox"/> <b>Denied</b> (see comments)			
	Name & Title (Printed)		County Health Department/DEP/Utility	
Signature		Date		
Address		Phone		

Section 3 – WASTEWATER				
The above named facility/business uses the following wastewater disposal system (choose one type), and complete evaluation:				
<b>Completed by DOH/CHD, DEP or Utility Authority</b>	<input type="checkbox"/> <b>Municipal/Public Sewer</b>	Name of Supplier:		
	<input type="checkbox"/> <b>Septic System (Onsite Wastewater)</b>	Permit Number:		
	SYSTEM EVALUATION RESULT: <i>(this section below normally only completed by DOH if on a septic system)</i>			
	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Single-Service Utensils Only</b>	<input type="text"/>	<input type="checkbox"/> <b>Number of Residents/Students</b>
	<input type="checkbox"/> <b>Denied</b> (see comments)	<input type="checkbox"/> <b>Number of Seats Permitted</b>	<input type="text"/>	<input type="checkbox"/> <b>Number of Beds/Clients</b>
	<input type="checkbox"/> <b>Hours of Operation</b>	<input type="text"/>	<input type="checkbox"/> <b>Other Conditions (see comments)</b>	<input type="text"/>
	<input type="checkbox"/> <b>Food Service</b>	Yes <input type="text"/>	No <input type="text"/>	
	Comments:			
Name & Title (Printed)		County Health Department/DOH/Utility		
Signature		Date		
Address		Phone		

**DBPR HR-7022 DIVISION OF HOTELS AND RESTAURANTS  
COMMISSARY NOTIFICATION**

**Application begins on page 13**

**GENERAL INSTRUCTIONS**

A **Mobile Food Dispensing Vehicle (MFDV)** is a vehicle-mounted public food service establishment. Some MFDVs are self-propelled and built to travel on public streets. Other MFDVs are not self-propelled but can be moved from place to place. Other MFDVs may even be watercrafts.

**Commissary:** Unless self-sufficient, MFDVs need a support site called a commissary. A commissary is an approved food service establishment or other commercial location where the MFDV goes for services that are not done on the vehicle. A commissary may provide a potable water source or a wastewater disposal site. You may prepare, package or store food at this location or use a three-compartment sink to wash and sanitize equipment or utensils. Food containers or other supplies may be stored at the commissary. **DBPR DOES NOT ALLOW FOOD SERVICE ACTIVITIES, INCLUDING PROCUREMENT OF WATER OR DISPOSAL OF WASTEWATER, TO OCCUR IN A PRIVATE RESIDENCE.**

**Self-sufficient:** If your MFDV contains the following equipment, it is considered to be self-sufficient and is exempt from commissary requirements.

- ▶ Three-compartment sink
- ▶ Adequate dry storage
- ▶ Potable water holding tank
- ▶ Separate handwash sink
- ▶ Power (LP-gas, generator, etc.)
- ▶ Wastewater holding tank
- ▶ Adequate refrigeration

**Commissary Reporting Frequency:** If your vehicle is not fully equipped as listed above, then your MFDV must report to its commissary every day that it is operated.

**Responsibility of Public Food Service Establishment Commissaries & MFDV Operators:** Any public food service operator who provides commissary services for an MFDV must keep track of when vehicles are serviced. A daily registry must show that the Division of Hotels and Restaurants properly licenses all vehicles receiving services. To help food service operators know that a vehicle is properly licensed, each MFDV operator must put their license number on the side of the vehicle. The license number must be permanently attached and prominent. The figures must be at least 2 inches high and in a contrasting color from the background. Prior to providing commissary services, the public food service establishment who provides these services must verify that the license number displayed on the vehicle matches the number on the vehicle operator's public food service establishment license.

**INSTRUCTIONS FOR COMPLETING THE COMMISSARY NOTIFICATION FORM**

Complete the following information. If you submit incomplete information, your plan review will be delayed or denied.

**SECTION 1 – MOBILE FOOD DISPENSING VEHICLE INFORMATION**

- Owner Name – corporation, partnership or individual that currently owns the vehicle. (Required)
- Phone Number (Required) and Extension if applicable (Optional) – primary contact number for questions about the plan review.
- Vehicle Name – DBA (Doing Business As) – the proposed name of business. If the unit is part of a chain, please indicate a unique identifier (e.g., Burger King #103, Bill's Mobile BBQ #2). (Required)
- License Number – if previously licensed, indicate the license number of the vehicle. (Optional)

**SECTION 2 – PRIMARY COMMISSARY INFORMATION**

Complete all information as indicated for the primary commissary for this vehicle. The primary commissary is the support site where food preparation, food storage or dishwashing occurs

**SECTION 3 – SIGNATURE**

Please print your name, and then sign and date the form before submitting. (Required)

**SECTION 4 – ADDITIONAL COMMISSARIES**

Complete all information as indicated for any additional commissaries used by this vehicle. Other commissary support sites may be used to get potable water, dump wastewater, store dry goods, etc.

Please submit this form with your MFDV plan review application. We cannot complete your plan review without this form.

**DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification**

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: [dhpr.planreview@dbpr.state.fl.us](mailto:dhpr.planreview@dbpr.state.fl.us)  
 Internet: [www.MyFloridaLicense.com/dbpr/hr/](http://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 Dispensing Vehicle Information**

Owner Name	Phone Number (include area code)
Vehicle Name (DBA)	License Number

**Section 2 – Primary Commissary Information**

Primary Commissary Name

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Commissary Address

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City	Zip Code (+4 optional)	County
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Primary Phone Number (include area code)

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Primary Commissary License Number (if available)	Primary E-Mail Address
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Licensed By	<input type="checkbox"/> DBPR	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Health	<input type="checkbox"/> None
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<b>Water Supply of Primary Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

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<b>Wastewater Disposal of Primary Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at my primary commissary:

Dish or equipment washing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3 – 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 failure to complete the application or submit required documentation will delay processing or approval of plans and licensure.

Print Name	Signature	Date
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Please list additional commissaries used on the next page. Use as many pages as needed. Check here  if additional commissaries are used.

**DBPR HR-7022 –Division of Hotels and Restaurants Commissary Notification**

**Section 4 --- Additional Commissaries**

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By  DBPR  Department of Agriculture & Consumer Services  Department of Health  None

<b>Water Supply of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

<b>Wastewater Disposal of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary Name

Commissary Address

City	Zip Code (+4 optional)	County
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Phone Number (include area code)

Commissary License Number (if available)	E-Mail Address
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Licensed By  DBPR  Department of Agriculture & Consumer Services  Department of Health  None

<b>Water Supply of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> On-site Well	Permit Number

<b>Wastewater Disposal of Commissary</b>	<input type="checkbox"/> Municipal/Utility	Supplier Name
	<input type="checkbox"/> Septic Tank System	Permit Number
	<input type="checkbox"/> Package Plant	

I intend to conduct the following activities at this commissary location:

Dish or equipment washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing food (including ice or drinks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dumping wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storing dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving potable water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooking and/or reheating food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No