## 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 Blairstone Road, Tallahassee, Florida 32399-1011

commissaries are used.

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| For Office Use Only | , |
|---------------------|---|
| Log<br>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** Commissary Address City Zip Code (+4 optional) County Primary Phone Number (include area code) Primary Commissary License Number (if available) Primary E-Mail Address □ DBPR Licensed By ☐ Department of Agriculture & Consumer Services ☐ Municipal/Utility Supplier Name Water Supply of Primary Commissary On-site Well Permit Number Supplier Name **Wastewater Disposal**  □ Septic Tank System Permit Number of Primary Commissary ☐ Package Plant I intend to conduct the following activities at my primary commissary: Dish or equipment washing ☐ Yes □ No Storing food (including ice or drinks) ☐ Yes □ No Dumping wastewater ☐ Yes □ No Storing dry goods ☐ Yes □ No Receiving potable water ☐ Yes ☐ No Cooking and/or reheating food Yes ☐ No Washing the outside of the vehicle ☐ Yes □ No Other (Describe below) ☐ Yes □ 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

Please list additional commissaries used on the next page. Use as many pages as needed. Check here [ ] if additional

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| Section 4   | Additional Co    | mmissaries               |              |      |  |                               |       |       |      |  |
|---|------------------|--------------------------|--------------|------|--|-------------------------------|-------|-------|------|--|
| Commissary N  | Name             |                          |              |      |  |                               |       |       |      |  |
| Commissary A  | Address          | .18.                     |              |      |  |                               |       |       |      |  |
| City  |                  |                          |              |      | Zip Code (+4 optional) County                    |                               |       |       |      |  |
| Phone Number  | er (include area | a code)                  |              |      |  |                               |       |       |      |  |
| Commissary License Number (if available)  |                  |                          |              |      | E-Mail Address                                   |                               |       |       |      |  |
| Licensed By   | ☐ DBPR           | ☐ Department of Agricult |              |      |  | Consumer Services             |       |       |      |  |
| Water Supply of Commissary  |                  | ☐ Municipal/Utility      |              |      | Supplier Name                                    |                               |       |       |      |  |
|   |                  | ☐ On-site Well           |              |      | Permit Number                                    |                               |       |       |      |  |
| Wastewater Disposal   |                  | ☐ Municipal/Utility      |              |      | Supplier Name                                    |                               |       |       |      |  |
|   |                  | ☐ Septic Tank System     |              |      | Permit Number                                    |                               |       |       |      |  |
| of Commissa   | ry               | ☐ Package Plant          |              |      |  |                               |       |       |      |  |
| I intend to con   | duct the follow  |                          |              | miss | sarv l   | ocation:                      |       |       |      |  |
| I intend to conduct the following activities at this commit Dish or equipment washing Yes |                  |                          |              |      | No   | Storing food (include         | Yes   | □No   |      |  |
| Dumping wastewater Yes  |                  |                          |              |      | No   | Storing dry goods             |       |       |      |  |
| Receiving potable water  Yes  |                  |                          |              |      | No   | Cooking and/or reh            | ☐ Yes | □ No  |      |  |
| Washing the outside of the vehicle Yes  |                  |                          |              |      | No   | Other (Describe be            | ☐ Yes | ☐ No  |      |  |
|   |                  |                          |              |      |  |                               |       |       |      |  |
|   |                  |                          |              |      |  |                               |       |       |      |  |
| Commissary N  | lame             |                          |              |      |  |                               |       |       |      |  |
| Commissary A  | Address          | #                        |              |      |  |                               |       |       |      |  |
| City  |                  |                          |              | 7    | Zip Code (+4 optional) County                    |                               |       |       |      |  |
| Phone Number  | r (include area  | a code)                  | 104          |      |  |                               |       |       |      |  |
| Commissary License Number (if available)  |                  |                          |              |      |  | Addross                       |       |       |      |  |
| Commissary License Number (ii available)  |                  |                          |              |      | E-Mail Address                                   |                               |       |       |      |  |
| Licensed By   | ☐ DBPR           | ☐ Departm                | ent of Agric | ultu | ure & Consumer Services                          |                               |       |       |      |  |
| Water Supply of Commissary  |                  | ☐ Municipal/Utility      |              |      | Supplier Name                                    |                               |       |       |      |  |
|   |                  | ☐ On-site Well           |              |      | Permit Number                                    |                               |       |       |      |  |
|   |                  | ☐ Municipal/Utility      |              |      | Supplier Name                                    |                               |       |       |      |  |
| Wastewater Disposal of Commissary   |                  | ☐ Septic Tank System     |              |      | Permit Number                                    |                               |       |       |      |  |
|   |                  | ☐ Package                |              |      | -  |                               |       |       |      |  |
| I intend to con   | duct the follow  |                          |              | miss | sarv lo  | ocation:                      |       |       |      |  |
|   |                  |                          | ☐ Yes        |      | ☐ No Storing food (including ice or drinks) ☐ Ye |                               |       |       | ☐ No |  |
| Dumping wastewater  |                  |                          |              | No   |  |                               |       | □ No  |      |  |
| Receiving potable water   |                  |                          |              | No   |  |                               |       | □ No  |      |  |
| Washing the outside of the vehicle Yes  |                  |                          |              |      |  | Other (Describe below) Yes No |       |       |      |  |
| - vvasning t  | he outside of t  | the vehicle              | Yes          |      | No   | Other (Describe be            | elow) | ☐ Yes | ∐ No |  |