

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	

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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.