

**INSTRUCTIONS FOR COMPLETING
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 more than 50 million 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. 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, please complete form DBPR HR-7006 Mobile Food Dispensing Vehicle Plan Review Application (this may be found in a separate application packet).
- 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 Onsite Sewage (Septic) and Water Supply Evaluation 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.

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.
- Indicate the location of the automatic fire suppression/ventilation hood system(s), if applicable.
- Indicate the location of the dumpster/trash area and type of nonabsorbent surface installed.
- 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

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.

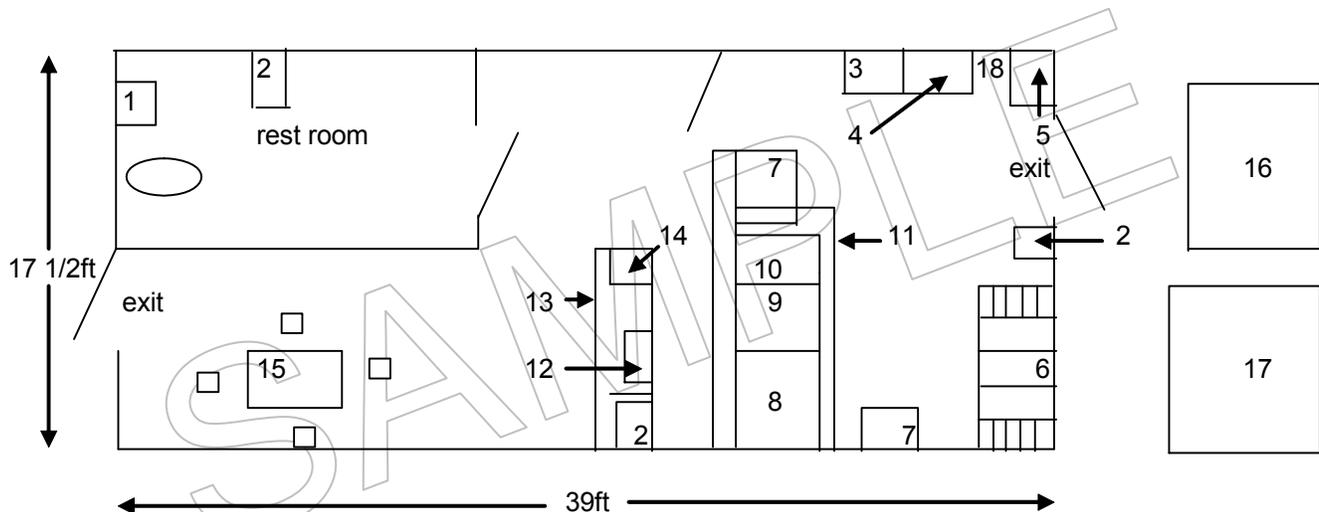
Next, measure the length and width of all sinks, tables, worktables, counter tops, and other equipment throughout the establishment. Also measure the spaces between each piece of equipment so that you will be able to accurately position each piece on your plan. You should now have all the measurements 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:

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



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.

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 – TYPE OF FOOD SERVICE ESTABLISHMENT

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 – CONTACT MAILING INFORMATION

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 – corporation, partnership or individual that currently owns the establishment. Please check the box that applies to the type ownership of your business. (Required)
- Contact Name – name of the person you want contacted if there are any questions about the plan review. For plan reviews, this could be the person submitting the plans, such as the architect or contractor. (Optional)
- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – this address will be where the department will mail all official plan review paperwork. (Required)
- Phone Number (Required) and Extension if applicable (Optional) – primary contact number for questions about the plan review
- E-Mail Address – very helpful to the division as an additional means of communicating with the contact person. (Optional)
- Fax Number (Alternate phone number) – additional means of communicating with the contact person. (Optional)

SECTION 5 – ESTABLISHMENT LOCATION INFORMATION

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

- Establishment Name - DBA (Doing Business As) – the proposed 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 – proposed site for the establishment. (Required)
- Phone Number and Extension, E-Mail Address, Fax Number – alternate contact information if available. (Optional)

SECTION 6 – SUPPORTING DOCUMENTS

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

SECTION 7 – 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 8 – 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 9 – 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 10 – 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 11 – 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 12 – WATER AND WASTEWATER APPROVAL

Attach proof of water and wastewater disposal approval as indicated. (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.**

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 5022-056, AOP Checklist, found 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.

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, plan review fee and supporting documents in Section 6.

SECTION 1 – OFFICE USE ONLY				
Date Received		Initials		\$150 Plan Review Fee
Month	Day	Year	Check #	Money Order #
SECTION 2 – TYPE OF FOOD SERVICE ESTABLISHMENT				
Please check the box that best describes your establishment. Please check only one box.				
<input type="checkbox"/> Seating (2010/SEAT)		<input type="checkbox"/> Non-seating (2010/NOST)		<input type="checkbox"/> Catering Only (2013)
SECTION 3 – PLAN REVIEW TYPE				
Please check the box that best describes your establishment. Please check only one box.				
<input type="checkbox"/> Newly Built Establishment		<input type="checkbox"/> Reopen Food Service Establishment Closed at Least 1 Year *		<input type="checkbox"/> Remodeling of Existing Food Service Establishment *
Have you recently become the owner of this business? * <input type="checkbox"/> Yes <input type="checkbox"/> 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 – Initial Plan Review: Seating or Catering		3020 – Change of Owner: Seating		
1031 – Initial Plan Review: Nonseating		3021 – Change of Owner: Nonseating or Catering		
		3027 – Same Owner-Request Plan Review		
SECTION 4 – CONTACT MAILING INFORMATION				
Note: This address will be where the department will mail all official plan review paperwork.				
Owner Federal Employer Identification Number (FEIN) – optional				
Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)				
Contact Name (name of person to contact if there are any questions about the plan review, if different than the owner)				
Street Address or Post Office Box				
City			State	Zip Code (+4 optional)
Florida County (if applicable)			Country	
Phone Number (include area code)		Extension	E-Mail Address	Fax Number (Alternate)
SECTION 5 – ESTABLISHMENT LOCATION INFORMATION				
Establishment Name (DBA)				
Street Address				
City		Zip Code (+4 optional)	Florida County	
Phone Number (include area code)		Extension	E-Mail Address	
SECTION 6 – SUPPORTING DOCUMENTS				
Please attach the following documents:		<ul style="list-style-type: none"> • 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. 		
<ul style="list-style-type: none"> • Proposed Menu (list of specific foods) • Proof of Approved Water and Sewer • Equipment Specifications (if available) 				

SECTION 7 – 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 8 – 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	Ceiling
Food Preparation				
Food Storage				
Dishwashing Area				
Restrooms				
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 9 – 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)

Any dishmachine 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.

SECTION 10 – 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 11 – FIRE SAFETY EQUIPMENT – FOR REPORTING PURPOSES

Show location of fire extinguishers on plans.

Types and number of each fire extinguisher	Minimum 2A10BC	K Class *
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Automatic hood suppression system installed YES NO **Required when grease-laden vapors or smoke are produced.**

Sprinkler system installed YES NO **Required if occupancy is over 300.**

SECTION 12 – WATER AND WASTEWATER APPROVAL

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 **ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY EVALUATION** 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 13 – SIGNATURE

I hereby certify that all the information I have provided is correct. 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
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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.



**INTERAGENCY – DOH/DACS/DBPR
ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY EVALUATION**

This form is to be completed to ensure that food service and food outlet facilities are evaluated for adequate water and sewage services before opening or expanding operations. Complete and submit this form to the appropriate Department of Agriculture & Consumer Services (DACS) or Department of Business and Professional Regulation (DBPR) office.

EVALUATION REQUEST FOR/LICENSING AGENCY				
<input type="checkbox"/> New Facility		<input type="checkbox"/> Expansion / Remodeling (increase in seating/ other change)		<input type="checkbox"/> Change in Ownership
<input type="checkbox"/> Other (list)				
Licensing Agency:		License Number:		
<input type="checkbox"/> DBPR <input type="checkbox"/> DACS				
Contact Person:		Phone:	FAX:	
Section 1 – ESTABLISHMENT INFORMATION				
Establishment Name:		Type of Establishment:		
Address:		Contact Person / Phone#:		
City:	County:	Zip:		
Section 2 – WATER (To Be Completed By DOH, DEP or Utility Authority)				
The above named food service establishment uses the following water supply (choose one type):				
<input type="checkbox"/> Municipal Water		Name of Supplier:		
<input type="checkbox"/> Onsite Well System		Permit #:	Issued by:	
<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:				
<input type="checkbox"/> Approved		Comments:		
<input type="checkbox"/> Denied (see comments)				
Name & Title			Agency	
Signature			Date	
Address			Phone	
Section 3 – WASTEWATER (To Be Completed By DOH, DEP or Utility Authority)				
The above named food service establishment uses the following wastewater disposal system (choose one type):				
<input type="checkbox"/> Municipal/Utility (DEP Regulated)		Name of Supplier:		
<input type="checkbox"/> Septic Tank System (Onsite Sewage System)		Permit #:	Tank Size:	Drainfield Size:
				Grease Trap Size:
SYSTEM EVALUATION RESULT:				
<input type="checkbox"/> Permit Issued		<input type="checkbox"/> Single-Service Utensils Only		Comments:
<input type="checkbox"/> Final Approval		<input type="checkbox"/> Number of Seats Permitted <input type="text"/>		
		<input type="checkbox"/> Hours of Operation <input type="text"/>		
<input type="checkbox"/> Denied (see comments)		<input type="checkbox"/> Other Conditions (see comments)		
Name & Title			Agency	
Signature			Date	
Address			Phone	