

**INSTRUCTIONS FOR COMPLETING
DBPR HR-7029
DIVISION OF HOTELS & RESTAURANTS
APPLICATION FOR TEMPORARY EVENT VENDOR LICENSE**

Application begins on page 3

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.

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.

INSTRUCTIONS TO COMPLETE TEMPORARY EVENT VENDOR APPLICATION

NOTE: You must complete a separate Temporary Event Vendor Application for each unit at each participated event.

Section 1 – Temporary Event Vendor Type

Please check the appropriate box to indicate if you are participating in an event of 3 days or fewer in duration, 4 to 30 days, or applying for an annual temporary event license.

Section 2 – Application Information

- Current DBPR Food Service License Number– If you are associated with an establishment holding a current public food service license with DBPR, please indicate the license number. This information will facilitate processing the application.
- Federal Employers Identification Number (FEIN) is required for business/corporate applicants.
- 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.

Section 3 – Mailing Information

Complete the mailing information 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 unit. Also, check the appropriate box indicating whether the owner is legally a corporation, partnership or individual person. For units 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 and the name, address, and social security numbers of each officer, director, chief executive, or other

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person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity. (Required)

- 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 (Required) and Extension (Optional) – primary contact number for questions or concerns about the application.
- E-Mail Address – additional means of contacting applicant. (Optional)
- Fax Number (Alternate phone number) -- additional means of contacting applicant. (Optional)

Section 4 – Establishment Information

Doing Business As (DBA) Name – Please indicate the name of the establishment doing business as (for example, Mike's Gyros).

Section 5 – Event Sponsor Information

- Sponsor Name – Individual or organization that is organizing this temporary event.
- Sponsor Telephone – Contact number for the indicated sponsor.

Section 6 – Event Information

- Event Name – Name of event (for example, Anytown Seafood Festival).
- Event Address – Location of the Event (for example, Any County Fairgrounds).
- Event City – City name where the event is located.
- Open Date – Month/Date/Year - that participation at the indicated event begins.
- End Date – Month/Date/Year - the last day of participation at the indicated event.
- Hours of Operation – Exact time of day when food preparation will begin for the event and time of day participation at the event will end. (for example, 8 AM until 11 PM) The event may not open until 10 AM; however, you begin setting up your operation at 8 AM.

Section 7 – Signature

Please print name and title, sign and date the application before submitting. (Required)

LICENSE FEES

Fees for temporary event vendor licenses are as follows:

1-3 day event	\$91
4-30 day event	\$105
Annual license	\$1,000

The division does not accept cash payments, or personal or business checks for temporary event vendor fees. The division will only accept cashier's checks, money orders, or other certified payments.

FOR 1-30 DAY TEMPORARY EVENTS, please present the completed application, documentation and required fee(s) to the inspector on site at the temporary event.

FOR APPLICATIONS FOR ANNUAL TEMPORARY EVENT LICENSES, complete this application and call the Customer Contact Center at 850.487.1395 to request an "opening" inspection. An inspector will be in contact within 5 business days to schedule the inspection. Please have the completed documentation and all required fee(s) ready for the inspector at the inspection.

All vendors are required to meet the sanitation and safety standards provided by law. Unless otherwise approved by the division, these standards include the provision that **food employees may not contact ready-to-eat foods with their bare hands immediately prior to service and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.**

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Phone: 850.487.1395 Email: Call.Center@dbpr.state.fl.us
www.MyFloridaLicense.com/dbpr/hr/

SECTION 1 – TEMPORARY EVENT VENDOR TYPE (2016)			
Check the appropriate temporary event vendor type: <input type="checkbox"/> 1- 3 days (1030) <input type="checkbox"/> 4-30 Days (1031) <input type="checkbox"/> Annual (1032)			
SECTION 2 – APPLICATION INFORMATION			
Current DBPR Food Service License Number (if applicable)		* 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.	
Federal Employers Identification Number (FEIN) (For businesses and corporations)			
Social Security Number* (REQUIRED) (For president, primary shareholder, partner or individual)			
SECTION 3 – MAILING INFORMATION			
Note: This address will be designated as the "address of record" for purpose of official communication from the department.			
Owner Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)		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 and the name, address, and social security numbers of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.	
Routing Name (complete only if correspondence should be mailed to a different person or company than the owner name listed above)			
Street Address or Post Office Box			
City		State	Zip Code (+4 optional)
Florida County (if applicable)		Country	
Phone Number	E-Mail Address	Fax Number (Alternate)	
SECTION 4 – ESTABLISHMENT INFORMATION			
Doing Business As Name (DBA)			
SECTION 5 – EVENT SPONSOR INFORMATION			
Sponsor Name			Sponsor Telephone Number
SECTION 6 – EVENT INFORMATION			
Event Name			
Event Address			
Event City			
Open Date	End Date	Hours of Operation	
SECTION 7 – 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, FS. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, suspension or revocation of the license.			
Applicant Name		Applicant Title	
Signature			Date