



APPLICATION FOR SANITATION CERTIFICATE

AUTHORITY: Chapter 381.0072, Florida Statutes

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health(EH) office of the County Health Department. A new application is not required for annual renewal unless the information below change.

NAME OF FACILITY _____

LOCATION _____
Street City State ZIP Code

OWNER'S NAME _____ EMAIL ADDRESS _____

OWNER'S ADDRESS _____
Street City State ZIP Code

OWNER'S PHONE _____ BUSINESS PHONE _____

Type of Food Service Subtypes Select One:					
<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>	Afterschool Meal	<input type="checkbox"/>	Assisted Living Facility
<input type="checkbox"/>	Bar/Lounge	<input type="checkbox"/>	Civic Organization	<input type="checkbox"/>	Crisis Stabilization Unit
<input type="checkbox"/>	Detention Facility	<input type="checkbox"/>	Fraternal Organization	<input type="checkbox"/>	Home for Special Services
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Domestic Violence Shelter	<input type="checkbox"/>	Migrant Labor Camp
<input type="checkbox"/>	Movie Theater	<input type="checkbox"/>	Intermediate Care Facility	<input type="checkbox"/>	Recreational Camp
<input type="checkbox"/>	Residential Treatment Facility (AHCA)	<input type="checkbox"/>	Prescribed Pediatric Extended Care Center (PPEC)	<input type="checkbox"/>	Short Term Residential Treatment (DCF)
<input type="checkbox"/>	Transitional Living Facility	<input type="checkbox"/>	School	<input type="checkbox"/>	Other:

Food Service Operations Select One:					
<input type="checkbox"/>	Afterschool Meal	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Boarding School
<input type="checkbox"/>	Canteen	<input type="checkbox"/>	Caterer	<input type="checkbox"/>	College/University Cafeteria
<input type="checkbox"/>	Concession Stand	<input type="checkbox"/>	Culinary Education	<input type="checkbox"/>	Deli/Sandwich Shop
<input type="checkbox"/>	Main Operation	<input type="checkbox"/>	Mobile Food Unit	<input type="checkbox"/>	Non-Alcoholic Beverage
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Retail Food Store	<input type="checkbox"/>	Satellite Kitchen
<input type="checkbox"/>	School (9 months or less)	<input type="checkbox"/>	School (greater than 9 months)	<input type="checkbox"/>	Temporary Event Sponsor
<input type="checkbox"/>	Temporary Event Vendor	<input type="checkbox"/>	Vending Machine (TCS/PHF)	<input type="checkbox"/>	Other:

Comment/Special Instructions: _____

FOR EH USE ONLY: Annual Fee for Your Facility: \$_____.

Please make check or money order payable to: Florida Department of Health in _____ County.

The undersigned owner/owner's representative hereby agrees to operate the food establishment described in this application in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Florida Administrative Code, Chapter 64E-11. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Signature (Facility Owner/Owner's Representative) _____ Date _____

Signature (EH Official) _____ Date _____