	-	MARIJUANA TREA OOD PERMIT APPL		Division of Food Sa Permitting, Suite D 3125 Conner Bould	), Róom 176 evard C-26	
WILTON SIMPSON COMMISSIONER	Chapter	500.12 F.S.; Rule 5K-11.002 F	.A.C.	Tallahassee, FL 32	2399-1650	
APPLICATIONS WILL NOT BE ACCEPTED IF SUBMITTED MORE THAN 14 DAYS PRIOR TO OPENING						
INFORMATION ABOUT THE OWNER						
Name of Owner (the name o	of the corporation, LLC, partne	ership, etc.)				
Owner Type ( ) Ind Mailing Address	dividual (□) Co-Owners	( ) Partnership (LP, LLP, GP,	etc.) ( ) Corpo	pration (Inc., Corp., LLC)	) ( ]) Non-Profit	
City/State/Zip		County				
Owner Email Address		Owner Phone Number				
Federal Employers ID (FEIN		Sales Tax Number				
Department of Health Licens	se Number	E	xpiration Date			
FOOD ESTABLISHMENT INFORMATION (information about the location to be permitted)						
Establishment physical loca	ured (attach additional pages a ation address	as needed)				
City/State/Zip		E	stablishment phon	County le		
Establishment email addres	S		umber			
	( ) Sells Directly to Consumer		) Sells to Other Bu		Both	
Plan review application sub Water Source	mitted? (□Municipal (□) Well	(∐) Yes Wa	stewater Type	(□) No (□) Municipal	( ) Septic	
Water Source		vva	stewater Type			
REGULATORY CONTACT INFORMATION (The individual to be contacted for emergency communications)						
Regulatory Emergency Contact Person First Name		Last Name				
Regulatory Emergency Con	tact Phone	Email addre	ess			
OPENING INSPECTION INFORMATION						
Contact Person to Schedule Opening Inspection	e First Name	Last Name		Phone #		
Estimated Opening Date						
Title of Individual Completing the Application	I	First Name	L	.ast Name		
Upon submission, please allow 3-5 business days for contact by the department for inspection. The application process includes the requirements listed in Rule 5K-11.002, F.A.C., and documentation that proves the food establishment has an approved water source and waste water (sewage) disposal. Water source documentation may include a water and/or sewage bill, an application for service for a Municipal/Public system provider, a well permit, or the Interagency Coordination Of Regulated Establishments - DOH/FDACS/DBPR/DCF/AHCA/APD Evaluation Of Onsite Sewage (SEPTIC) And Water Supply Capacity (Rev. 3/12) form incorporated by reference in Rule 5K-4.020, F.A.C., completed and signed by the Florida Department of Health. A Medical Marijuana Treatment Center (MMTC) that produces edibles must hold a permit to operate as a food establishment, issued by the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 500, Florida Statues. The MMTC must comply with all requirements for food establishments						

Florida Department of Agriculture and Consumer Services Division of Food Safety

Mail to:

This application must be signed by the applicant, owner or chief executive of the applicant, without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application as required by Chapter 500, Florida Statutes, and agree to comply with the applicable provisions of Chapter 500, F.S., and rules adopted thereunder.

Print Name (First, Last)	
Signature	

pursuant to Chapter 500, Florida Statutes and any applicable rules adopted thereunder.

Title

Date