



Florida Department of Agriculture and Consumer Services
Division of Food Safety

MEDICAL MARIJUANA TREATMENT
CENTER FOOD PERMIT APPLICATION

Mail to:
Division of Food Safety
Permitting, Suite D, Room 176
3125 Conner Boulevard C-26
Tallahassee, FL 32399-1650

WILTON SIMPSON
COMMISSIONER

Chapter 500.12 F.S.; Rule 5K-11.002 F.A.C.

APPLICATIONS WILL NOT BE ACCEPTED IF SUBMITTED MORE THAN 14 DAYS PRIOR TO OPENING

INFORMATION ABOUT THE OWNER

Name of Owner (the name of the corporation, LLC, partnership, etc.)

Owner Type () Individual () Co-Owners () Partnership (LP, LLP, GP, etc.) () Corporation (Inc., Corp., LLC) () Non-Profit

Mailing Address

City/State/Zip

County

Owner Email Address

Owner Phone Number

Federal Employers ID (FEIN)

Sales Tax Number

Department of Health License Number

Expiration Date

FOOD ESTABLISHMENT INFORMATION (information about the location to be permitted)

Food Establishment Name

Types of Edibles Manufactured (attach additional pages as needed)

Establishment physical location address

City/State/Zip

County

Establishment email address

Establishment phone number

Business Sales () Sells Directly to Consumer

() Sells to Other Businesses () Both

Plan review application submitted? () Yes

() No

Water Source () Municipal () Well

Wastewater Type () Municipal () Septic

REGULATORY CONTACT INFORMATION (The individual to be contacted for emergency communications)

Regulatory Emergency Contact Person First Name Last Name

Regulatory Emergency Contact Phone Email address

OPENING INSPECTION INFORMATION

Contact Person to Schedule Opening Inspection First Name Last Name Phone #

Estimated Opening Date

Title of Individual Completing the Application First Name Last 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.

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) Title

Signature Date