



Florida Department of Agriculture and Consumer Services
Division of Food Safety

Bureau of Food Inspection
3125 Conner Boulevard C-26
Tallahassee, FL 32399-1650
(850) 245-5520

STOP-SALE OR STOP-USE ORDER

**WILTON SIMPSON
COMMISSIONER**

Section 500.172, 500.174, Florida Statutes
Rule 5K-4.035, F.A.C.

Establishment Name: _____ Date: _____
Establishment Address: _____ Establishment Number: _____

I. **STOP SALE ORDER** **STOP USE ORDER**

You are hereby ordered to withhold from movement, sale or use subject to further instructions from an authorized agent of the Florida Department of Agriculture and Consumer Services, the goods or equipment listed below.

Name of Article	Brand Name	Lot No. or Other Identification	No. and Size of Pkgs.	Weight	<input type="checkbox"/>

Reason: _____
It is unlawful for any person to remove, use, or dispose of such detained or embargoed article or processing equipment by sale or otherwise until permission for removal, use, or disposal is given by the Department or the court.

Administrative Hearing Available

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. Your name, address, and telephone number, and facsimile number (if any). 2. The name, address, and telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice.

Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

II. **RELEASE NOTICE**

Product was released by authorized agent of FDACS _____ On Date _____
Condition of release: _____

III. **VOLUNTARY DESTRUCTION**

The product(s) listed above have been voluntarily destroyed by Owner Person in Charge
Products destroyed were covered by Stop Sale Yes No Date: _____
Reason: _____

Hearing Waiver and Waiver of Rights on Destroyed Products

I, _____ residing at _____ the person in charge of _____ hereby waive a notice and a hearing, as provided in Chapter 120, F.S., and waive all rights in releasing or voluntarily destroying the products listed above.

(Signature)

ACKNOWLEDGEMENT OF RECEIPT OF SUPPLEMENTAL REPORT

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS DOCUMENT.

(Signature of FDACS Representative)

(Signature of Person in charge)

(Inspector Name and Title)

(Please Print Name & Title)