



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety

FOOD PERMIT APPLICATION

Rule 5K-4.020, Florida Administrative Code

Mail to:
Division of Food Safety
Business Center
3125 Conner Boulevard
Tallahassee, FL 32399-1650
Email:
FoodSafety@FDACS.gov

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

INFORMATION ABOUT THE OWNER (The entity who will be contacted for all regulatory communications)

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

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

Food Establishment Name

Types of Food Sold or Manufactured

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

☐ Mobile Food Vendor

☐ Self-vended Water Machine

☐ Self-vended Ice

Did you submit a voluntary plan review application conducted by the Division of Food Safety?

☐ Yes

☐ No

Water Source

☐ Municipal

☐ Well

Wastewater Type

☐ Municipal

☐ Septic

Do you manufacture, process, pack, hold, prepare or sell any food products intended for human consumption that contain hemp extract (which includes CBD or other cannabinoids)?

☐ Yes

☐ No

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 Number

Estimated Opening Date

Title of Individual Completed the Application

First Name

Last Name

Upon receipt, please allow 3-5 business days for contact by the department for inspection. The application process must include this completed application and the required documentation as proof the establishment has an approved water source and waste water (sewage) disposal. 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.

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