Certificate Number

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR A SANITATION CERTIFICATE

AUTHORITY: Chapter 381, Florida Statue

Instructions: 1. Provide the remainder of the information requested below. 2. If any of the pre-completed information is incorrect, please make necessary changes. 3. Sign the application and return it, along with the required fee (do not send cash), to the County Health Department. A new application is not required for next year's renewal as long as the information below remains the same.

NAME OF FACILITY_____

LOCATION_____
Street City State Zip Code

OWNER'S NAME_____

OWNER'S ADDRESS_____
Street City State Zip Code

OWNER'S PHONE_____BUSINESS PHONE_____

Type of Food Service Establishment

	School Cafeteria		Fraternal/Civic Lounge		Detention Facility
	Hospital		Bar/Lounge		Residential Facility
	Nursing Home		Movie Theater		Other Food Service
	Child Care Center		Assisted Living Facility		Mobile Food Unit
	Limited Food Service				

COMMENTS/SPECIAL INSTRUCTIONS:_____

_____

THE ANNUAL FEE FOR YOUR FACILITY is $_____ . Please make check or money order payable to: _____ County Health Department

_____, _____, FL _____
mailing address city Zip Code

Payment must be received at the above address before_____

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, Florida Statues, and Chapter 64E-11, Florida Administrative Code. 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, Owner/Owner's Representative Date

_____ _____
Signature, Environmental Health Date of Certificate

DH 4086, 7/98 (Replaces DH 4086, 12/97, Which may be used)
(Stock Number:5744-000-4086-6)