



# APPLICATION FOR SANITATION CERTIFICATE

AUTHORITY: Chapter 381.0072, Florida Statutes

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health (EH) office of the County Health Department. A new application is not required for annual renewal unless the information below changes.

NAME OF FACILITY \_\_\_\_\_

LOCATION \_\_\_\_\_  
Street City State ZIP Code

OWNER'S NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
Street City State ZIP Code

OWNER'S PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Type of Food Service Subtypes Select One:			
<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>	Afterschool Meal
<input type="checkbox"/>	Bar/Lounge	<input type="checkbox"/>	Civic/Fraternal Organization
<input type="checkbox"/>	Detention Facility	<input type="checkbox"/>	Domestic Violence Shelter
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Intermediate Care Facility
<input type="checkbox"/>	Movie Theater	<input type="checkbox"/>	Prescribed Pediatric Extended Care Center (PPEC)
<input type="checkbox"/>	Residential Treatment Facility (AHCA)	<input type="checkbox"/>	School
<input type="checkbox"/>	Transitional Living Facility	<input type="checkbox"/>	Other:

Food Service Operations Select One:			
<input type="checkbox"/>	Afterschool Meal	<input type="checkbox"/>	Bakery
<input type="checkbox"/>	Canteen	<input type="checkbox"/>	Caterer
<input type="checkbox"/>	Concession Stand	<input type="checkbox"/>	Culinary Education
<input type="checkbox"/>	Main Operation	<input type="checkbox"/>	Mobile Food Unit
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Retail Food Store
<input type="checkbox"/>	School (9 months or less)	<input type="checkbox"/>	School (greater than 9 months)
<input type="checkbox"/>	Temporary Event Vendor	<input type="checkbox"/>	Vending Machine (TCS/PHF)

Comment/Special Instructions: \_\_\_\_\_

FOR EH USE ONLY: Annual Fee for Your Facility: \$\_\_\_\_\_.

Please make check or money order payable to: Florida Department of Health in \_\_\_\_\_ County.

The undersigned owner/owner's representative hereby agrees to operate the food establishment described in this application in accordance with the requirements of Chapter 381.0072, Florida Statutes, 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 (Facility Owner/Owner's Representative) \_\_\_\_\_ Date \_\_\_\_\_

Signature (EH Official) \_\_\_\_\_ Date \_\_\_\_\_