



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Certificate Number

APPLICATION FOR A SANITATION CERTIFICATE

AUTHORITY: Chapter 381, Florida Statute

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 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, Owner/Owner's Representative

Date

Signature, Environmental Health

Date of Certificate