



Lee County Health Department Environmental Health Section

LCHD Use Only
Permit # _____
Receipt #: _____

SANITATION CERTIFICATE APPLICATION FOR REGULATED FOOD ESTABLISHMENTS
Applications will not be accepted without a copy of your plans. Plan review fee is \$55.00 per hour.

Name of Facility: _____ Owner Name: _____

Address: _____ Owner's Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Facility Phone: _____ FAX: _____ Owner Phone: _____ FAX: _____

Contact Person: _____ e-Mail Address: _____

Type of Business	
<input type="checkbox"/> Residential 25 or more (capacity = _____)	<input type="checkbox"/> Detention Facility
<input type="checkbox"/> Residential less than 25 (capacity = _____)	<input type="checkbox"/> Movie Theatre Snack Bar
<input type="checkbox"/> Bar with COP license/ NO FOOD	<input type="checkbox"/> Hospital/Nursing Home
<input type="checkbox"/> Fraternal/Civic Association	<input type="checkbox"/> School <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> 9 Mth <input type="checkbox"/> 12 Mth
<input type="checkbox"/> Limited Food Services	<input type="checkbox"/> Other Institution (Describe Below)
<input type="checkbox"/> Child Care Center	

Construction Status	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodeling of Existing Food Service
<input type="checkbox"/> Closed at least one year	<input type="checkbox"/> Conversion to Food Service (describe below)
Anticipated Start Date:	
Anticipated Completion Date:	

Utilities	
<input type="checkbox"/> Municipal Water Supply	<input type="checkbox"/> Private Well Water *(Requires DEP Permit)
<input type="checkbox"/> Municipal Wastewater *(Grease Traps)	<input type="checkbox"/> Septic Tank System *(Requires Approval OSTDS Dept)
* Contact the local plumbing authority for grease trap requirements.	
* If you are not on public water you must obtain permits and or approval from LCHD Environmental Engineering Section, (Tel# 274-2200) and once obtained submitted to this office for final plan approval.	

Kitchen Facility Details	
Seating Capacity, including outside tables: [_____]	Number of Employees: [_____]
Ware Washing	
<input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> 2 Compartment Sink <input type="checkbox"/> Commercial Dishwasher	
The 3 and 2 compartment sinks must have adequate impervious drain boards or easily moveable dish table.	
Hot Water, under pressure, Must be Provided at ALL Kitchen Sinks including Bar Sinks? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Method of Food Service	
Catered Food Service <input type="checkbox"/> Yes <input type="checkbox"/> No (see attached)	Name of Catering Service:
Prepackaged <input type="checkbox"/> Bulk <input type="checkbox"/> (Provide Sample Menu)	Phone Number:
<input type="checkbox"/> Single Service Only	<input type="checkbox"/> Beverage Service Only
<input type="checkbox"/> Full Service	<input type="checkbox"/> Limited Food Service (must meet requirements)

Solid Waste Disposal

Dumpster or Trash Compactor **Garbage Cans**

At least one curbed cleaning facility with a floor drain or utility sink, with hot & cold running water, shall be provided and used for the cleaning of garbage containers, mops, and for the disposal of mop water.

Hand Washing Facilities

Number of Hand sinks in Food Prep Area Including the Bar Area: []

Toilet Facilities

	Male			Female	
	Toilets	Urinals	Sinks	Toilets	Sinks
Employee					
Public					

ALL Employee Restroom Sinks MUST be provided with Hot and Cold running water under pressure

All Restroom Facilities Must Meet the South Florida Building Code Requirements

Hot & Cold Water under pressure—Approved Hand Towels—Soap Required at ALL Hand Washing Sinks

Hand Washing Signs Must Be Posted at ALL Hand Washing Sinks Including Employee Restrooms

Other Facility Requirements

All construction is subject to the provisions of the South Florida Building Code, all local building codes, and any other jurisdictional authorities.

At least one management level employee must take and pass a written State approved food certification examination within 90 Days of Opening. Current exam Information is available from the listed sources below.

Florida Restaurant Association Call 1-888-372-9119 (toll free)

Experior Assessments Call 1-800-200-6241 (toll free)

One certified manager must be present at all times when there are 4 or more employees on a shift.

Prior to opening for business a pre-opening inspection is required. At that time ALL equipment must be functioning and hot and cold running water under pressure must be available at ALL kitchen sinks and restrooms.

To arrange an appointment for an inspection please call: _____

At: _____ Refer to Plan #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE

Signature

Date

Plans Approved with the Noted and Attached Provisos

Plan Review by: _____

Date: _____

This Facility has met all requirements and is approved to open.

Environmental Specialist _____

Date: _____