



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