STATE OF FLORIDA
DEPARTMENT OF HEALTH

Certificate Number

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:

☐	Adult Day Care	☐	Afterschool Meal	☐	Assisted Living Facility
☐	Bar/Lounge	☐	Civic/Fraternal Organization	☐	Crisis Stabilization Unit
☐	Detention Facility	☐	Domestic Violence Shelter	☐	Home for Special Services
☐	Hospice	☐	Intermediate Care Facility	☐	Migrant Labor Camp
☐	Movie Theater	☐	Prescribed Pediatric Extended Care Center (PPEC)	☐	Recreational Camp
☐	Residential Treatment Facility (AHCA)	☐	School	☐	Short Term Residential Treatment (DCF)
☐	Transitional Living Facility	☐	Other:	☐	

Food Service Operations Select One:

☐	Afterschool Meal	☐	Bakery	☐	Boarding School
☐	Canteen	☐	Caterer	☐	College/University Cafeteria
☐	Concession Stand	☐	Culinary Education	☐	Deli/Sandwich Shop
☐	Main Operation	☐	Mobile Food Unit	☐	Non-Alcoholic Beverage
☐	Restaurant	☐	Retail Food Store	☐	Satellite Kitchen
☐	School (9 months or less)	☐	School (greater than 9 months)	☐	Temporary Event Sponsor
☐	Temporary Event Vendor	☐	Vending Machine (TCS/PHF)	☐	Other:

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

DH 4086, 02/18
Rule 64E-11.013(2)(a), F.A.C.