DH use only: Check No. _____ Check Amount _____
Date Received _____ Receipt No. _____
Permit No. _____ Date Issued _____

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility that stores biomedical waste must obtain an annual permit from the department. The initial permit fee is $85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is $85.00. The permit fee for renewal applications received after October 1 is $105.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to the county health department that has jurisdiction for the biomedical waste program in the county where the storage facility will be located.

1. **Application For (Choose One): _____ New _____ Renewal**
   (Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)

2. Facility Name: _____

3. Facility Address: _____
   Street City State Zip Code

4. Contact Person: _____ Telephone: ( ) _____

5. Name of Facility Owner: _____

6. Mailing Address of Facility Owner: _____
   Street City State Zip Code

7. Business Phone: ( ) _____

8. 24-Hour Emergency Phone: ( ) _____

9. Name of Property Owner: _____

10. Mailing Address of Property Owner: _____
    Street City State Zip Code

11. Describe the general layout and operation of the facility or equipment (attach additional sheets, if necessary):

_____

_____

12. Date of beginning operation: _____

13. List where the biomedical waste will be treated or taken for further storage:

_____

_____

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

_____	_____	_____
Signature of Authorized Representative	Name of Authorized Representative (print or type)	Date