



Rick Scott
Governor

APPLICATION FOR A SANITATION CERTIFICATE / PERMIT
Specific Authority: Chapter 381, FS

NAME OF FACILITY: _____

ADDRESS OF FACILITY: _____

BILLING ADDRESS: _____ ZIP CODE: _____

OWNERS NAME: _____

OWNER ADDRESS: _____

OWNER'S PHONE # : _____ BUSINESS PHONE # _____

TYPE OF FACILITY: _____ IS FOOD SERVED? _____

PLEASE FILL OUT A FACILITY DETAIL SHEET FOR ALL REQUIRED PERMITS AND CERTIFICATES

COMMENTS / SPECIAL INSTRUCTIONS: _____

The undersigned owner / owner's representative, hereby agrees to operate the permitted facility described in this application in accordance with the requirements of Chapter 381 FS and all applicable Florida Administrative Codes. 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 the sanitary standards of all applicable Florida Administrative Codes is grounds for denial or revocation of all permits and sanitation certificates.

SIGNATURE, OWNER / OWNER'S REPRESENTATIVE

DATE

FOR OFFICE USE ONLY

INITIAL INSPECTION OF FACILITY : _____ APPROVED or
DISAPPROVED: _____

DATE

(circle one)

DATE

SIGNATURE, INSPECTOR

PRINT NAME, INSPECTOR

Orange County Health Dept.
800 N Mercy Dr ,#1 Orlando, Fl 32808



Environmental Health Phone (407) 521-2630
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