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

<table>
<thead>
<tr>
<th>School Cafeteria</th>
<th>Fraternal/Civic Lounge</th>
<th>Detention Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Bar/Lounge</td>
<td>Residential Facility</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>Movie Theater</td>
<td>Other Food Service</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>Assisted Living Facility</td>
<td>Mobile Food Unit</td>
</tr>
<tr>
<td>Limited Food Service</td>
<td>1</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

COMMENTS/SPECIAL INSTRUCTIONS:

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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 __________________________

DH 4086, 7/98 (Replaces DH 4086, 12/97, Which may be used)

Stock Number: 5744-00-4086-6