



FLORIDA DEPARTMENT OF HEALTH IN DUVAL COUNTY

Environmental Health Services
THIS FEE IS NOT REFUNDABLE!!!



Phone (904) 253-1280
Duval County Health Department
Environmental Health & Safety Division
900 Building-Suite 300
900 University Boulevard North
Jacksonville, Florida 32211

APPLICATION FOR HEALTH PERMIT

Permit Number

Trade Name of Business: Telephone #:

Type of Business: Seating Capacity: Fee: \$

Address of Business: Zip

Mail to be sent to: Zip

Former Name of Business:

Type of Water Supply: City Utility Commercial Other

Type of Sewage System: City Utility Septic Tank Other

Application filed with Environmental Engineering: Yes No Not applicable

Will alcoholic beverages be sold and consumed on premises: Yes No Not applicable

Have plans been approved by Health Department: Yes No Not applicable

Type of Ownership: Individual Partnership Corporation

OWNERSHIP: Individual or Partnership (Please print the following information)

Table with 3 columns: Name, Home Address (Street, City, State, Zip), Telephone. Rows 1 and 2.

OWNERSHIP: Corporation (Please print the following information)

Corporation Name:

Table with 3 columns: Officers Names Title, Home Address (Street, City, State, Zip), Telephone. Rows 1 and 2.

1. Date of Birth: Sex Race

2. Date of Birth: Sex Race

NOTICE: This application will be cancelled after 90 days of this date if approval is not granted, if the required requested information is not provided.

A second application, plus fee, will be required upon cancellation of this application. It is YOUR responsibility to ensure approval within 90 days.

I/We agree to assume complete responsibility for all business to be carried on/ in the premise for which I/We am/are making this application for a permit, and I/We further agree that all said business conducted in said premises will be carried on at all times in full compliance with all sanitary regulations applicable thereto, as well as with all Federal, State and Municipal laws, rules, ordinances and zoning regulations thereunto pertaining.

SIGNATURE OF APPLICANT

DATE OF APPLICATION: