



FLORIDA DEPARTMENT OF HEALTH IN DUVAL COUNTY

Environmental Health Services
THIS FEE IS NOT REFUNDABLE!!!



Phone (904) 253-1280
Florida Department of Health- Duval
Environmental Health & Safety Division
921 N Davis Street, Building B
Ste 350
Jacksonville, Florida 32209

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)

Name

Home Address (Street, City, State, Zip)

Telephone

1. _____

2. _____

OWNERSHIP: Corporation (Please print the following information)

Corporation Name: _____

Officers Names Title

Home Address (Street, City, State, Zip)

Telephone

1. _____

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 : _____:

Please make all checks payable to: Duval County Health Department ENVIRONMENTAL HEALTH & SAFETY DIVISION