



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Certificate Number

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 with 5 columns and 6 rows listing food service establishments: School Cafeteria, Hospital, Nursing Home, Child Care Center, Limited Food Service, Fraternal/Civic Lounge, Bar/Lounge, Movie Theater, Assisted Living Facility, Detention Facility, Residential Facility, Other Food Service, Mobile Food Unit.

COMMENTS/SPECIAL INSTRUCTIONS: _____

THE ANNUAL FEE FOR YOUR FACILITY is \$ (Please call for fee amount.) Please make check or money order payable to: Osceola County Health Department
1 Courthouse Square, Suite 1200, Kissimmee, FL 34741
mailing address city Zip Code
Payment must be received at the above address before Expiration of current permit or before opening.

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