State of Florida
Department of Health
Food Facility Application
Authority: Chapter 381, Florida Statue

_____
Identification #

Name of Facility: _____

Location: _____ _____ _____
Street City Zip Code

Owner's Name: _____

Owner's Address: _____ _____ _____
Street City, State Zip Code

Owner's Contact ( ) _____ Business Contact ( ) _____

Email_____

FOOD HYGIENE DETAIL

Food Type *No. of Employees* _____ *Child Capacity* _____

☐ Full Service

☐ Limited Service

☐ Temporary Events

Hours of Operation

_____:_____ am/pm to _____:_____ am/pm

Days of Operation

_____

Portable Water Supply (Water System)

☐ Community/Public (off site) - **Public**

☐ Other Public Drinking Water System - **Private**

Sewage Disposal

☐ Municipal

☐ Septic tanks (individual system)

Primary Method of Dishwashing

Circle

1 2 3 Compartment sink

1 2 3 Compartment sink/commercial dishwasher

1 2 3 Compartment sink/residential dishwasher

1 2 3 Compartments sink/sanitizing residential dishwasher

☐ Variance for dishwater

☐ Variance for sink

Type of Sanitizer

☐ Chlorine

☐ Hot Water

☐ Iodine

☐ Quaternary ammonium

☐ Other _____

Payment received

Date: _____

CC/Check/Cash _____

Rec. no. _____