**BARS AND CIVIC ORGANIZATION REQUIREMENTS**

Reason for Application: new facility, change of ownership, change to facility (please circle)

This sheet must be completed for all new bars. If this is a change of ownership, you must also complete this form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or changes use.

**DATE:** ___________    **PROPOSED # OF SEATS:** _______    **PROPOSED # OF STAFF:** _______

**PROJECT NAME:** ____________________________________________________________

**ADDRESS:** ___________________________________________________________________

**PERSON TO CONTACT:** ________________________    **PHONE** ________________________

---

**Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.**

**Utility bill showing sewer charges or letter of sewer connection provided.**

If facility is on septic, answer next line.

**Facility is on septic. Must fill out Existing System Verification OR modify existing annual operating permit if applicable.**

**Water supply (public water or well)**

**Plan Review fee, Annual Permit fee and ABT sign-off fee paid**

**1 toilet shown on floor plan for every 40 patrons.**

**Must show both men’s and women’s restrooms on floor plan.**

**1 hand wash sink shown on floor plan for every 75 patrons in each restroom.**

**1 water fountain shown on site plan for every 500 patrons.**

**1 mop sink shown on floor plan.**

**Number of pool tables / video games.**

**Three compartment sink in the bar area. Also needed in kitchen area for civic organizations.**

**Hand wash sink in the bar area. Also needed in kitchen area for civic organizations.**

**Y / N**

**Is this a civic organization that prepares food? Please keep in mind that food preparation is not permitted in bar facilities. Bars are permitted to serve prepackaged food and “bar” type food only.**

*Signature, Owner / Owner’s Representative_________________________  Date_________________________

Revised: 08/11/16
ORANGE COUNTY HEALTH DEPARTMENT PLANS REVIEW ROUTING SHEET

DATE: ____________________ PLANS ROUTING NUMBER: ____________________

PAYMENT TYPE: __________ AMOUNT: __________ CHECK NUMBER: __________

Please note, the fee for plan review is $53 per hour. If your plan review requires additional time or requires revisions, you will be charged an additional $53 per hour before approval. Please sign below to acknowledge your understanding and acceptance of these conditions. By signing below, you are also certifying that the information provided is true and correct.

SIGNATURE: ____________________ DATE: ____________________

FACILITY NAME: ______________________________________________________

FACILITY ADDRESS: __________________________________________________

BILLING ADDRESS: __________________________________________________

TYPE OF FACILITY: ____________________ NUMBER OF EMPLOYEES: __________

NUMBER OF CLIENTS, STUDENTS, CUSTOMERS OR SEATING CAPACITY: __________

METHOD OF SEWAGE DISPOSAL: __________ WATER SUPPLY: __________

PERSON TO CONTACT: __________ PHONE #: __________

FOR OFFICE USE ONLY

UTILITY REVIEWER: __________________________________ DATE: __________

REMARKS: ____________________________________________________________

APPROVAL STAMP

________________________________

SIGNATURE: __________________________________

FACILITY REVIEWER: __________________________________ DATE: __________

REMARKS: ____________________________________________________________

________________________________

SIGNATURE: __________________________________

Revised: 08/11/16

Florida Department of Health in Orange County
Division of Environmental Health
1001 Executive Center Drive, Suite 200, Orlando, FL 32803
PHONE: 407/858-1497 • FAX 407/228-1468 or 407/228-1467

http://orange.floridahealth.gov
APPLICATION FOR SANITATION CERTIFICATE

AUTHORITY: Chapter 381.0072, Florida Statutes

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health (EH) office of the County Health Department. A new application is not required for annual renewal unless the information below changes.

NAME OF FACILITY:

LOCATION:
Street  City  State  ZIP Code

OWNER'S NAME  EMAIL ADDRESS:

OWNER'S ADDRESS:
Street  City  State  ZIP Code

OWNER'S PHONE  BUSINESS PHONE:

<table>
<thead>
<tr>
<th>Type of Food Service Subtypes</th>
<th>Select One:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>Afterschool Meal</td>
</tr>
<tr>
<td>Bar/Lounge</td>
<td>Civic/Fraternaorganization</td>
</tr>
<tr>
<td>Detention Facility</td>
<td>Domestic Violence Shelter</td>
</tr>
<tr>
<td>Hospice</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>Movie Theater</td>
<td>Prescribed Pediatric Extended Care Center (PPEC)</td>
</tr>
<tr>
<td>Residential Treatment Facility (AHCA)</td>
<td>School</td>
</tr>
<tr>
<td>Transitional Living Facility (AHCA)</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Service Operations</th>
<th>Select One:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afterschool Meal</td>
<td>Bakery</td>
</tr>
<tr>
<td>Canteen</td>
<td>Caterer</td>
</tr>
<tr>
<td>Concession Stand</td>
<td>Culinary Education</td>
</tr>
<tr>
<td>Main Operation</td>
<td>Mobile Food Unit</td>
</tr>
<tr>
<td>Restaurant</td>
<td>Retail Food Store</td>
</tr>
<tr>
<td>School (9 months or less)</td>
<td>School (greater than 9 months)</td>
</tr>
<tr>
<td>Temporary Event Vendor</td>
<td>Vending Machine (TCS/PHF)</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

Comment/Special Instructions:

FOR EH USE ONLY: Annual Fee for Your Facility: $___________.
Please make check or money order payable to: Florida Department of Health in _______ County.

The undersigned owner/owner's representative hereby agrees to operate the food establishment described in this application in accordance with the requirements of Chapter 381.0072, 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 (Facility Owner/Owner's Representative)  Date  Signature (EH Official)  Date

DH 4086, 02/18
Rule 64E-11.013(2)(a), F.A.C.