#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Joseph A. Ladapo, MD, PhD State Surgeon General

### **BARS AND CIVIC ORGANIZATION REQUIREMENTS**

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

			nge of ownership, you must also complete this form
but you will be	neld to the plumbing code at the origir	nal time of	f permitting until the facility is expanded or changes
use. DATE:	PROPOSED # OF SEATS:	:	PROPOSED # OF STAFF:
PROJECT NAME	<b>∷</b>		_
ADDRESS:			
PERSON TO CO	NTACT:	PHON	NE
	Floor plans of facility provided and dra	awn to sca	ale. Scale must be shown on the floor plan.
	Utility bill showing sewer charges or le If facility is on septic, answer next line		wer connection provided.
	Facility is on septic. Must fill out Exist permit if applicable.	ting Syster	n Verification OR modify existing annual operating
	Water supply (public water or well)		
	Plan Review fee, Annual Permit fee an	nd ABT sig	n-off fee paid
	1 toilet shown on floor plan for every 4	40 patrons	
	Must show both men's and women's r	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 fo	or every 50	0 patrons.
	1 mop sink shown on floor plan.		
	Number of pool tables / video games.		
	Three compartment sink in the bar are	ea. Also ne	eded in kitchen area for civic organizations.
	Hand wash sink in the bar area. Also	needed in	kitchen area for civic organizations.
<u>Y/N</u>	•	•	od? Please keep in mind that food preparation ermitted to serve prepackaged food and "bar"
Signature, Own	er / Owner's Representative		Date
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





To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis** 

Governor

#### Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation

#### Florida Department of Health in Orange County

#### Plans Review Routing Sheet

Please note that the fee for plan review is \$53.00, in addition to the permit application fee. Please sign below to acknowledge and certify that all of the information provided for permit approval is true and correct.

Facility Name:				
Facility Address:				
Mailing Address:				
Type of Facility:		Number of Employees:		
Number of Clients, Students, Custo	omers or Seating Capaci	ty:		
Method of Sewage Disposal:	Wa	ter Supply:		
Person to Contact:		Phone #:		
Signature:	Date:			
	For Office U	lse Only		
Date:	Plan Review Routing Number:			
Payment Type:	Amount Paid: \$	Check Number:		
Utility Reviewer:		Date:		
Remarks:		APPROVAL STAMP		
		SIGNATURE:		
Program Reviewer:		Date:		
Remarks:				
	<del></del>	SIGNATURE:		





## STATE OF FLORIDA DEPARTMENT OF HEALTH

Certificate Number

#### **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						
200/111011	Street	City	State	ZIP Code		
OWNER'S NAMEEMAIL ADDRESS						
OWNER'S ADDRESS	Street	City	State	ZIP Code		
OWNER'S PHONE		BUSINESS PHONE				
Type of Food Service Subtypes Select One:						
Adult Day Care		Afterschool Meal	Assisted Living	Facility		
Bar/Lounge		Civic/Fraternal Organization	Crisis Stabilization Unit			
Detention Facility		Domestic Violence Shelter	Home for Special Services			
Hospice		Intermediate Care Facility	Migrant Labor Camp			
Movie Theater		Prescribed Pediatric Extended Care Center (PPEC)	Recreational Ca	amp		
Residential Treatment Facilii	ty	School	Short Term Residential Treatment (DCF)			
Transitional Living Facility		Other:				
Food Service Operations Select One:						
Afterschool Meal		Bakery	Boarding School	ol		
Canteen		Caterer	College/Univers	sity Cafeteria		
Concession Stand		Culinary Education				
Main Operation		Mobile Food Unit	Non-Alcoholic E	Beverage		
Restaurant		Retail Food Store	Satellite Kitche	n		
School (9 months or less)		School (greater than 9 months)	Temporary Eve	ent Sponsor		
Temporary Event Vendor		Vending Machine (TCS/PHF)	Other:			
Comment/Special Instructions:						
FOR EH USE ONLY: Annual Fee for Yo						
Please make check or money order payable to: Florida Department of Health in County.						
accordance with the requirements o information contained in this applica	f Chapter 38 tion, which s	hereby agrees to operate the food establisl \$1.0072, Florida Statutes, and Chapter 64E serves as the basis for licensure, is true and , or failure to comply with sanitary standard	-11, Florida Administ d correct. I understan	rative Code,. The dot that any		

Date

Signature (Facility Owner/Owner's Representative)
DH 4086, 02/18
Rule 64E-11.013(2)(a), F.A.C.

Signature (EH Official)

Date



#### STATE OF FLORIDA DEPARTMENT OF HEALTH

# FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a set of scaled plans, for both new and remodeled establishments, showing all kitchen equipment with specifications, plumbing fixtures, bars, storage areas, etc. Also, submit the proposed menu listing specific foods. Submit all the above to the Environmental Health (EH) office of the County Health Department. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

Plan Review Type: NewRe	emodel Property Appra	iser Assessed Value	(if remodel): \$	
Printed Name of Property Appraiser:				
Signature of Property Appraiser:			Date:	
Name of Establishment:				
Establishment Address:Street				
Street	City	S	tate ZIP Code	
Owner/Owner's Representative Name & Tit	tle:			
Owner/Owner's Representative Address: _	-			
	Street	City	tate ZIP Code	
Phone Number:	Email:			
Type of Food Service Establishment:				
Bar/Lounge Concession Stand	Detention Facility	Mobile Food Unit	Fraternal/Civic	
Movie Theater School Residential Type Facility (List Type)				
(Full Service Operation:	Limited Prep:	Packaged Products	Only:)	
Projected Start Date of Project: Projected Completion Date of Project:				
Is property on an onsite sewage system (septic tank)? Yes No (If yes, submit a completed evaluation of capacity.)				
Is property served by an onsite/private well?Yes No (If yes, submit a completed evaluation of capacity.)				
Plans have been submitted to (circle all that apply): Zoning Plumbing Planning Fire Authority Building				
The undersigned owner/owner's representative hereby agrees to operate 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.				
Owner/Owner's Representative Name & Title				
Owner/Owner's Representative & Date				