



Florida Department of Agriculture and Consumer Services  
Division of Food Safety

FOOD PERMIT APPLICATION

Rule 5K-4.020, Florida Administrative Code

WILTON SIMPSON  
COMMISSIONER

APPLICATION MUST BE COMPLETE IN ORDER TO BE PROCESSED  
APPLICATION SHOULD NOT BE SUBMITTED MORE THAN 21 DAYS PRIOR TO OPENING

ESTABLISHMENT OWNER INFORMATION

Business Type: ☐ Individual / Sole Proprietor ☐ Corporation (Inc., Corp., LLC) ☐ Co-Ownership ☐ Non-Profit  
(check one):  
Name of Establishment Owner  
(Corp., Partnership, LLC, etc.): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Federal Employers  
Corporate Officer ID (FEIN): \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_  
The email address provided for the owner shall be the food establishment's designated email address as provided in section 570.161, Florida Statutes. Failure to provide a valid email address or notify the Department of a change in the email address provided may result in an administrative fine.

FOOD ESTABLISHMENT INFORMATION (information about the location to be permitted)

Name of Establishment: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Business Sales: ☐ Retail – Sells Direct to Consumer ☐ Wholesale - Sells to Other Businesses ☐ Both Retail and Wholesale  
(choose one) ☐ Mobile Food Vendor ☐ Self-Vended Water Machine ☐ Self-Vended Ice  
☐ Limited Poultry and Egg  
Types of Food Sold or Manufactured: \_\_\_\_\_  
\*MMTC ONLY ☐ Medical Marijuana Treatment Center (MMTC) Dept. of Health License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Opening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **CIRCLE YOUR ANSWER**

Do you use a commissary? (If yes, complete and include form FDACS-14223, adopted and incorporated in rule 5K-4.0041, F.A.C., with this application). YES NO

Charitable Food Organization: Has your establishment registered as a charitable organization as defined in section 496.404 F.S.? License/Registration Number: YES NO

Water Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Did you submit an application for voluntary plan review?	YES	NO
Wastewater Type: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic	*MMTC Only: List of all edibles produced / manufactured provided to Department?	YES	NO

LOCATION CONTACT INFORMATION (For natural disaster and location-related functions)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Allow the Department 3-5 business days after receipt to schedule the initial inspection. Application must be complete, all permit fees paid and documentation of an approved water source and wastewater (sewage) disposal for the establishment location submitted before permit can be issued. Documentation shall demonstrate the water source is an approved source and shall include a water and/or sewage bill, an application for service for a municipal/public system provider, a well permit indicating compliance with the Federal Safe Drinking Water Act, or the Department of Health form titled, *Interagency Coordination of Regulated Establishments - DOH/DACS/DBPR/DCF/AHCA/APD Evaluation Of Onsite Sewage (Septic) And Water Supply Capacity*, completed and signed by the applicable agency; however, applicants for a Limited Poultry and Egg Farm Operation Permit may provide documentation of an acceptable water source as provided in rule 5K-4.033, F.A.C.  
\*A Medical Marijuana Treatment Center (MMTC) that produces edibles must hold a permit to operate as a food establishment issued by the Florida Department of Agriculture and Consumer Services pursuant to Chapter 500, Florida Statutes, and must comply with all requirements for food establishments pursuant to Chapter 500, Florida Statutes, and any applicable rules adopted thereunder.

This application must be signed by the responsible officer (i.e., applicant, owner, or chief executive of the applicant) without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application as required by Chapter 500, Florida Statutes, and agree to comply with the applicable provisions of Chapter 500, F.S., and rules adopted thereunder.

Print Name of Individual Completing Application: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature of Individual Completing Application: \_\_\_\_\_ Date: \_\_\_\_\_

For processing, applications can be submitted in the Food Permit Center at <https://foodpermit.fdacs.gov>  
or mail to: DIVISION OF FOOD SAFETY, PO BOX 6720, TALLAHASSEE, FL 32314-6720