



Florida Department of Agriculture and Consumer Services
Division of Food Safety

FOOD PERMIT APPLICATION

Rule 5K-4.020, Florida Administrative Code

For faster processing, applications can be submitted in the Food Permit Center at https://foodpermit.fdacs.gov

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

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: Municipal, Well
Wastewater Type: Sewer, Septic
Did you submit an application for voluntary plan review? YES NO
*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 and include applicable permit fee and documentation of an approved water source and wastewater (sewage) disposal for the establishment location. Documentation may include a water and/or sewage bill, an application for service for a municipal/public system provider, a well permit, or the form incorporated by reference in Rule 5K-4.020, F.A.C., Interagency Coordination of Regulated Establishments - DOH/DACS/DBPR/DCF/AHCA/APD Evaluation Of Onsite Sewage (Septic) And Water Supply Capacity (Rev. 3/12), completed and signed by the applicable agency. *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:

Mail to: DIVISION OF FOOD SAFETY, PO BOX 6720, TALLAHASSEE, FL 32314-6720