



**SEMINOLE TRIBE OF FLORIDA**  
**Environmental Health Program/Health Administration**  
**6365 Taft Street, Suite 1004, Hollywood, Florida 33024**  
**954-985-2330 - www.semtribe.com**

<b>Check Type</b>
<input type="checkbox"/> New Application
<input type="checkbox"/> Renewal

Fiscal Year: \_\_\_\_\_

**FOOD SERVICE LICENSE APPLICATION**

**ESTABLISHMENT INFORMATION**

**ESTABLISHMENT NAME:** \_\_\_\_\_

**ESTABLISHMENT ADDRESS:** \_\_\_\_\_

**ESTABLISHMENT PHONE NO.:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TYPE OF FACILITY: (Check One)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restaurant                       | <input type="checkbox"/> Concession Stand / Mobile Establishment | <input type="checkbox"/> Warehouse        |
| <input type="checkbox"/> Café / Snack Bar                 | <input type="checkbox"/> Convenience Store / Market              | <input type="checkbox"/> Temporary Vendor |
| <input type="checkbox"/> Bar (See below)                  | <input type="checkbox"/> Staff Restaurant / Canteen              |   |
| <input type="checkbox"/> Current Liquor License Available | <input type="checkbox"/> Catering                                |   |

**Brief description of type of operation and foods to be served/ sold:** \_\_\_\_\_

**Number of employees engaged in food handling:**     0-5             6-15             16-20             20 or more  
**Number of seats:**     1-49             50-149             150-249             250-349             350-499             500 or more  
**Hours of Operation:** M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_

Please check the number of seats and type of facility applicable to your establishment.

**Seating Food Establishments**

No. of Seats	Cost	Check One
1 - 49	\$ 262	
50 - 149	\$ 273	
150 - 249	\$ 294	
250 - 349	\$ 315	
350 - 499	\$ 336	
500 or more	\$ 357	

**Non-seating Food Establishments**

Facility Type	Cost	Check One
Permanent	\$ 220	
Mobile Food	\$ 250	
Catering	\$ 263	

**OWNER INFORMATION**

**OWNER NAME:** \_\_\_\_\_

**OWNER ADDRESS:** \_\_\_\_\_

**OWNER PHONE NO.:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**OWNER (check one):**  Seminole Tribal Member (Exempt)  Seminole Tribe INC.(Exempt)  Non-Seminole (See Fee Schedule)

**NAME OF MANAGER:** \_\_\_\_\_ **MANAGER PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
REAL ESTATE DIRECTOR

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
BUILDING DIRECTOR

\_\_\_\_\_  
DATE SIGNED

**COMPLETE AND SUBMIT TO THE ENVIRONMENTAL HEALTH OFFICE AT THE ABOVE ADDRESS**

FOOD SERVICE LICENSE: (check one)             APPROVED             DISAPPROVED

\_\_\_\_\_  
ENVIRONMENTAL HEALTH PROGRAM MANAGER            DATE SIGNED

AMOUNT PAID \$ \_\_\_\_\_            DATE PAID \_\_\_\_\_

Check Number: \_\_\_\_\_            Check Date: \_\_\_\_\_