

**Check Type**

New Application

Renewal

**SEMINOLE TRIBE OF FLORIDA**  
**Environmental Health Program/Health Administration**  
**6365 Taft Street, Suite 1003, Hollywood, Florida 33024**  
**954-985-2330 - www.semtribe.com**



**FOOD SERVICE LICENSE APPLICATION**

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

**ESTABLISHMENT INFORMATION**

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

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

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

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

- Restaurant
- Café / Snack Bar
- Bar (See below)
- Current Liquor License Available
- Concession Stand / Mobile Establishment
- Convenience Store / Market
- Staff Restaurant / Canteen
- Catering
- Warehouse
- Temporary Vendor

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 \_\_\_\_\_

**OWNER INFORMATION**

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

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

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

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

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

It is understood that in accordance with Tribal Ordinance No. C-01-07, the above facility cannot sell or process any food for sale until it has been inspected by the Health Department, has been found to be in compliance with the Tribal Ordinance, and a VALID "FOOD SERVICE LICENSE/PERMIT" has been issued by the Health Department. It is also understood that the "FOOD SERVICE LICENSE/PERMIT" can be suspended or revoked at any time in accordance with Tribal Ordinance No. C-01-07.

\_\_\_\_\_  
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

Distribution:    Applicant, Environmental Health Program

