



SEMINOLE TRIBE OF FLORIDA
Environmental Health Program/Health Administration
111 West Coral Way Hollywood, Florida 33021
954-985-2330 - www.semtribe.com

| |
|--|
| Check Type |
| <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"/> Specialty/Other: |
| <input type="checkbox"/> Current Liquor License Available | <input type="checkbox"/> Catering | Specify _____ |

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 | <input type="checkbox"/> |
| 50 - 149 | \$ 273 | <input type="checkbox"/> |
| 150 - 249 | \$ 294 | <input type="checkbox"/> |
| 250 - 349 | \$ 315 | <input type="checkbox"/> |
| 350 - 499 | \$ 336 | <input type="checkbox"/> |
| 500 or more | \$ 357 | <input type="checkbox"/> |

Non-seating Food Establishments

| Facility Type | Cost | Check One |
|---------------|--------|--------------------------|
| Permanent | \$ 220 | <input type="checkbox"/> |
| Mobile Food | \$ 250 | <input type="checkbox"/> |
| Catering | \$ 263 | <input type="checkbox"/> |

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

FOR ENVIRONMENTAL HEALTH USE ONLY

FOOD SERVICE LICENSE: (check one) APPROVED DISAPPROVED

ENVIRONMENTAL HEALTH PROGRAM MANAGER DATE SIGNED

AMOUNT PAID \$ _____ CHECK DATE _____

Check Number: _____ DATE PROCESSED: _____