



FORM A

GOVERNMENT OF GUAM

DIVISION OF ENVIRONMENTAL HEALTH

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

APPLICATION FOR SANITARY PERMIT



PART I: APPLICATION STATUS	PART II: CHANGE OF OWNER AND/OR NAME
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Amendment	<input type="checkbox"/> Change of Owner/Management Previous Owner: _____ <input type="checkbox"/> Establishment Name Change Previous Name: _____

PART III: GENERAL INFORMATION

1. Applicant Name: _____ Mailing Address: _____ Telephone No.: _____ Email: _____	3. Person-In-Charge (PIC) of Establishment Name: _____ Title: _____ Mailing Address: _____ Telephone No.: _____ Email: _____
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2. Establishment Information DBA Name: _____ Company Name: _____ Mailing Address: _____ Physical Address: _____ Telephone No.: _____ Fax No.: _____ Email: _____ Expected Number of Employees: _____ Projected Opening Date: _____	4. Immediate Supervisor of PIC Name: _____ Title: _____ Telephone No.: _____ Email: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">5. Type of Owner</td> <td style="width: 50%; border: none;">6. Type of Establishment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Association</td> <td style="border: none;">a. <input type="checkbox"/> Mobile</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Stationary</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sole Proprietorship</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;">b. <input type="checkbox"/> Temporary</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other</td> <td style="border: none;"><input type="checkbox"/> Permanent</td> </tr> </table>	5. Type of Owner	6. Type of Establishment	<input type="checkbox"/> Association	a. <input type="checkbox"/> Mobile	<input type="checkbox"/> Corporation	<input type="checkbox"/> Stationary	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	b. <input type="checkbox"/> Temporary	<input type="checkbox"/> Other	<input type="checkbox"/> Permanent
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7. Legal Owner(s) or Officers (If more space needed, please attach additional paper)		
NAME	TITLE	MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that the information provided is accurate and I understand that the issuance of the Sanitary Permit is contingent upon compliance with Title 10 GCA, DIV. 2, Part I, and applicable rules and regulations, and after the permit is issued, it may be suspended or revoked for failure to comply with provisions of Title 10 GCA, applicable rules and regulations, and the restrictions given below. Payment may be made by cash or check payable to "Treasurer of Guam". Failure to pick-up and post your Sanitary Permit may cause your permit to be suspended.

THE SUBMISSION OF THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO BEGIN ITS OPERATION.

_____ SIGNATURE OF APPLICANT	_____ DATE	_____ NUMBER OF EMPLOYEES
DEH USE ONLY		

Category: _____	Sub-Category: _____		
Risk-based Category: _____	Area Number: _____		
Restrictions: _____			
Establishment ID No.: _____	Old S.P. No.: _____	New S.P. No.: _____	FEE: \$ _____

SIGNATURES	DATE
DEH OFFICIAL: _____	_____
CHIEF EPHO, DEH: _____	_____