



FORM A

GOVERNMENT OF GUAM

DIVISION OF ENVIRONMENTAL HEALTH

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

APPLICATION FOR SANITARY PERMIT



PART I: APPLICATION STATUS

New Renewal
 Duplicate Amendment

PART II: CHANGE OF OWNER AND/OR NAME

Change of Owner/Management
 Previous Owner: _____
 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: _____

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: _____

<p>5. Type of Owner</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other</p>	<p>6. Type of Establishment</p> <p>a. <input type="checkbox"/> Mobile</p> <p><input type="checkbox"/> Stationary</p> <p>b. <input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Permanent</p>
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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: _____	_____