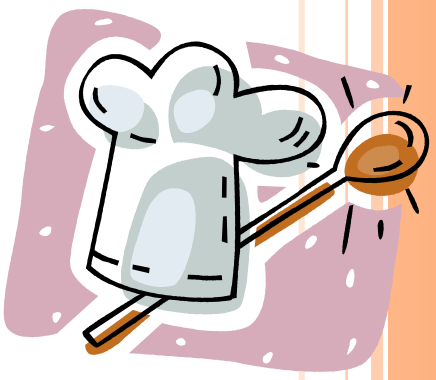

Instructions for Completing Application for Sanitary Permit (Form A)

Division of Environmental Health
Department of Public Health and Social Services
155 Hesler Place, Hagatna, GU 96910
Tel. (671) 922-2533

INSTRUCTIONS

FORM A is to be completed by all applicants seeking a Sanitary Permit regardless of the type of business.

The acceptance of this completed Form A by the Division of Environmental Health, (DEH) of the Department of Public Health and Social Services (DPHSS) is not an approval by the DEH for the applicant to begin its operation. The application must be reviewed and the facility must be inspected prior to the issuance of the Sanitary Permit. An illegible application form will be returned and not processed. Please type, or print legibly, using black or blue ink.

The application and its supporting documents must be submitted at least 30 days prior to the planned opening of the establishment. Upon submission of the application, DPHSS representative at the Permit Center will review the documents. At this time, a non-refundable deposit of Thirty Dollars ($30.00) must be made prior to scheduling the Pre-operational Inspection. The cost of the initial Pre-operational Inspection is included in the Sanitary Permit fee. However, a fee of Fifty Dollars ($50.00) per hour will be assessed for all subsequent inspections. An applicant may request for an expedited Pre-operational Inspection and may be granted one if such inspection does not cause the disruption of any pre-existing inspections scheduled for other applicants. The fee for expedited Pre-operational Inspection is Two Hundred Dollars ($200.00) in addition to all other required fees.

Applicants are encouraged to read all applicable rules and regulations, which are provided by DPHSS, so that all required equipment and materials are available and functioning during the Pre-Operational Inspection. The application will not be processed until the facility passes this inspection and all of the required supporting documents have been received and approved by DPHSS. Failure to submit all the required documents will result in the non-processing of the application.

FORM A
APPLICATION FOR SANITARY PERMIT

PART I: APPLICATION STATUS

Indicate the status of the application by checking the appropriate box.

- NEW - If applying for a new Sanitary Permit
- DUPLICATE - If applying for a copy of Sanitary Permit
- RENEWAL - If renewing an existing Sanitary Permit
- AMENDMENT - If changing DBA name only

PART II: CHANGE OF OWNER AND/OR NAME

- CHANGE OF OWNER/MANAGEMENT - Indicate the name of the previous owner if taking over an existing establishment
- ESTABLISHMENT NAME CHANGE – Indicate the previous name of the establishment if using a new "DBA" name

PART III: GENERAL INFORMATION

1. APPLICANT
    - NAME: Name of the person completing the application form.
    - MAILING ADDRESS: Address where the applicant wishes to receive all written, hardcopy communication and documents.
    - TELEPHONE NO.: Best contact number of the applicant for conducting business related conversations (this may not necessarily be the establishment's telephone number).
    - EMAIL: Best email address of the applicant for conducting business related electronic, written communication (this may not necessarily be the establishment's email address).

2. ESTABLISHMENT INFORMATION
    - DBA NAME: "Doing Business As" (DBA) name of the company indicated on the Business License.
    - COMPANY NAME: Name of company as indicated on the Business License.

- MAILING ADDRESS: Address where the company wishes to receive all written, hardcopy communication and documents.
- PHYSICAL ADDRESS: Physical location of the establishment to include lot number, building name/number, unit number, street name, and village as indicated on the Business License.
- TELEPHONE NO.: Best contact number for conducting business related conversations (this may not necessarily be the establishment's telephone number).
- FAX NO.: Best facsimile number for receiving company related documents (this may not necessarily be the establishment's fax number).
- EMAIL: Best email address for conducting business related electronic, written communication (this may not necessarily be the establishment's email address).
- EXPECTED NUMBER OF EMPLOYEES: Number of employees needed for the full operation of the establishment.
- PROJECTED OPENING DATE: Estimated date the establishment is planning to open.

3. PERSON-IN-CHARGE (PIC) OF ESTABLISHMENT

- NAME: Name of the person responsible for the day-to-day operation of the establishment (usually the manager of the establishment).
- TITLE: Provide position title of the person-in-charge.
- MAILING ADDRESS: Address the person-in-charge wishes to receive all written, hardcopy communication and documents.
- TELEPHONE NO.: Best contact number of the establishment or the person-in-charge for conducting business related conversations.
- EMAIL: Best email address of the person-in-charge for conducting business related electronic, written communication.

4. IMMEDIATE SUPERVISOR OF PIC

- NAME: Name of the individual the person-in-charge reports to; this may be the owner or regional supervisor (if not applicable, indicate "N/A").
- TITLE: Position title of the above person supervising the person-in-charge.
- TELEPHONE NO.: Best contact number of the establishment or the immediate supervisor for conducting business related conversations.
- EMAIL: Best email address of the immediate supervisor for conducting business related electronic, written communication.

5. TYPE OF OWNER
   - Indicate the type of legal business ownership of the company, as noted on the Business License (i.e., association, corporation, sole proprietorship, partnership, or other).

6. TYPE OF ESTABLISHMENT

   a. If the establishment has the ability to move from one location to another and it is designed for such operation, then indicate "Mobile;" otherwise, check "Stationary."

   b. If the establishment will operate at fixed location for period of time not exceeding six (6) months in conjunction with a carnival, fair, circus, exhibition, or other transitory gathering not of a permanent structure, then Indicate "Temporary;" otherwise, check "Permanent."

7. LEGAL OWNER(S) OR OFFICERS
   - List all owners, or corporation officers, of the company, including their official titles and mailing address.

The signature of the applicant and the date of such signature must be present on the application to be valid and accepted. Please do not write in the box designated for "DEH USE ONLY BELOW" found at the bottom of the application of FORM A.

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:

2. Establishment Information
DBA Name:
Company Name:
Mailing Address:
Physical Address:
Telephone No.:
Fax No.:
Email:
Expected Number of Employees:
Projected Opening Date:

3. Person-In-Charge (PIC) of Establishment
Name:
Title:
Mailing Address:
Telephone No.:
Email:

4. Immediate Supervisor of PIC
Name:
Title:
Telephone No.:
Email:

5. Type of Owner
☐ Association
☐ Corporation
☐ Sole Proprietorship
☐ Partnership
☐ Other

6. Type of Establishment
a. ☐ Mobile ☐ Stationary
b. ☐ Temporary ☐ Permanent

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:	_____	_____

Tel No. (671) 735-7221 Fax No. (671) 734-5556

FLOOR PLAN

Establishment Name: _____ Phone No.: _____

Owner: _____ Location: _____

In lieu of this floor plan, a formal construction floor plan may be submitted, provided all applicable equipment, rooms, furniture, appliances, etc. are shown and labeled.

VICINITY MAP

Establishment Name: _____ **Phone No.: _____**

Owner: _____ **Location: _____**

Please show landmarks, street names, nearby buildings and business, and any other significant sites that will assist the Division in locating your establishment.

PERSONNEL INFORMATION LISTING

Establishment Name: _____

Total No. of Personnel: _____ **Hours of Operation:** _____

Number of Shifts: _____

DEH USE ONLY

	Name of Employee	Position Duty	Confirmed by:
1			
2			
3			
4			
5	.		
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

SMOKING POLICY

Establishment Name:

_____

INTRODUCTION

Since the enactment of Public Law 28-80, known as the "Natasha Protection Act of 2005", smoking is now prohibited in all enclosed public places and certain places of employment, such as restaurants.

PURPOSE

The purpose of this policy is to protect the health and welfare of our employees and clients. This policy ensures that employees and clients are not forced to breathe environmental tobacco smoke (Second-hand smoke) within this health regulated establishment.

AUTHORITY

Division 4 of Title 10 GCA, Chapter 90

PROHIBITION OF SMOKING IN PUBLIC PLACES

Smoking is prohibited in all enclosed places, including but not limited to the following areas:

1. Restaurants;
2. Elevators;
3. Restrooms;
4. Service lines;
5. Waiting rooms and hallways; and
6. All areas available to, and customarily used by, the general public in this business patronized by the public.

WRITTEN SMOKING POLICY

A written smoking policy shall be adopted, implemented, made known to all employees, and maintained at this business establishment. A written copy of the smoking policy shall also be supplied to any existing or prospective employee upon request. *Title 10 Guam Code Annotated, Chapter 90, Section 90106 (b), (c), and (d).*

POSTING OF SIGNS

"No Smoking" signs with letters not less than 1 inch in height or the international symbol consisting of pictorial representation of a burning cigarette enclosed in a red circle with a red bar across, shall be clearly and conspicuously posted within the establishment or facility.

VIOLATIONS AND PENALTIES

Any person who violates this Act may be punished by:

1. A fine not exceeding One Hundred Dollars ($100) for a first violation.
2. A fine not exceeding Two Hundred Dollars ($200) for a second violation.
3. A fine not exceeding Five Hundred Dollars ($500) for each violation thereafter.

Any business which violates this Act may be punished by:

1. A fine not exceeding One Thousand Dollars ($1,000) for a first violation.
2. A fine not exceeding Two Thousand Dollars ($2,000) for a second violation.
3. A fine not exceeding Three Thousand Dollars ($3,000) for each additional violation thereafter.

_____ _____

Owner or Authorized Representative **Date**

Name of Establishment: _____

DEH USE ONLY

	Contents	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Business License		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Smoking Policy		
7.	Personnel Listing		
8.	Health Certificate		
9.	Manager's Certificate/Sign-up		
10.	Form B: Supplemental Application for Food Est.		
11.	Form C-1: Application for Variance		
12.	Other:		

☐ Approved

☐ Not Approved

Reason for denial: _____

_____

_____

	SIGNATURES	DATES
Environmental Public Health Officer:	_____	_____
Environmental Public Health Officer Administrator:	_____	_____
Chief Environmental Public Health Officer:	_____	_____