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

2. Establishment Information	**4. Immediate Supervisor of PIC**
DBA Name:	Name:
Company Name:	Title:
Mailing Address:	Telephone No.:
Physical Address:	Email:
Telephone No.:	
Fax No.:	
Email:	
Expected Number of Employees:	
Projected Opening Date:	

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.:_____ **New S.P. No.:**_____ **FEE: $**_____ **F.R. #:** _____

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

Tel No. (671) 300-9579 Fax No. (671) 300-9577

GOVERNMENT OF GUAM
DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

APPLICATION FOR
WORKERS' DORMITORY 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

Company Name: Principal Person In-Charge:

Location Address of Company: Lot#, Block #: Building # & Street Name: Building Name: Village:

Mailing Address of Company: Company Telephone No.:

Location Address of Dormitory: Lot#, Block #: Building # & Street Name: Building Name: Village:

Legal Owner(s) or Officers **(If more space needed, please attach additional paper)**

NAME	TITLE	MAILING ADDRESS

COPY OF T.L.U.C. NOTICE OF ACTION ATTACHED:
☐ YES ☐ NO ☐ N/A

MAXIMUM CAPACITY: ☐

CURRENT NO. OF WORKERS: ☐

I attest that the information provided is accurate and I understand that the issuance of the Worker's Dormitory is contingent upon compliance with all applicable provisions of Title 10 GCA Chapters 20, 21, and 26A, and applicable rules and regulations. 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".**

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

_____ _____ _____
SIGNATURE OF APPLICANT **APPLICANT'S TITLE** **DATE**

DEH USE ONLY

Restrictions: _____

Establishment ID No.:_____ **New Permit. No.:**_____ **FEE: $**_____ **F.R. No.:**_____

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

Tel No. (671) 300-9579 Fax No. (671) 300-9577

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.

EQUIPMENT LISTING

EQUIPMENT TYPE	MAKE/MODEL	VOLTAGE

Name of Establishment: _____

Temporary Workforce Housing Application
Applicant's Copy

	Contents	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Workers' Dormitory Permit Application		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Equipment Listing		
7.	Contractors or Business License		
8.	GLUC for TWHF (>5 occupants, if applicable)		
9.	Inspection Security Deposit Receipt ($38.00)		
10.	Exemption Request (if applicable)		
11.	Other:		
12.			

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

TEMPORARY WORKFORCE HOUSING EXEMPTION FORM

(As specified in the Temporary Workforce Housing Rules and Regulations 41726)

Please type or print legibly using black or blue ink.

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email Address: _____

PART II. Proposed Process - Exemption Approval Required

Section of the Requirement: _____

Reason for Request: _____

Proposed Process: _____

Statement of Compliance

I certify that all workers are individually informed and have agreed to follow the approved process/es stated above. I understand that failure to comply with the approved process/es of this document may result in the revocation of the exemption. I understand that a copy of this document shall be kept on site and posted with the Sanitary Permit and the Workers' Dormitory Permit.

PRINT NAME	SIGNATURE	DATE

DPHSS USE ONLY

☐ **Approved;** Comments _____

☐ **Not Approved;** Reason for Denial _____

	SIGNATURE	DATES
EPHO Staff:		
EPHO Administrator:		
Director:	ARTHUR U. SAN AGUSTIN, MHR	

Tel. No.: (671)300-9579 Fax No.: (671) 300-9577

Copies: White Original to DEH/Yellow to Establishment