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

APPLICATION FOR SANITARY PERMIT

APPLICATION STATUS:

☐ New ☐ Renewal

☐ Duplicate ☐ Amendment

☐ Change of Owner/Management

Previous Owner: _____

☐ Estabishment Name Change

Previous Name: _____

1. Applicant:

Name:

Date of Birth:

Mailing Address:

Telephone No.:

2. Establishment (DBA)

Name:

Company Name:

Mailing Address:

Location:

Telephone No.:

3. Person-in-Charge (PIC) of Establishment

Name:

Title:

Address:

Telephone No.:

4. Immediate Supervisor of PIC

Name:

Title:

Address:

Telephone No.:

5. Local Resident Agent of Establishment, if applicable

Name:

Title:

Address:

Telephone No.:

6. Type of Owner

☐ Association
☐ Corporation
☐ Individual
☐ Partnership
☐ Other

7. Type of Establishment

a. ☐ Mobile
☐ Stationary

b. ☐ Temporary
☐ Permanent

8. 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 1, 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 the Sanitary Permit may cause your permit to be suspended.

THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO OPERATE

SIGNATURE OF APPLICANT _____ DATE _____ NUMBER OF EMPLOYEES _____

DEH USE ONLY BELOW

Category: _____ **Sub-Category:** _____

Restrictions: _____ **Establishment No.:** _____

Sanitary Permit No. OLD: _____ **NEW:** _____ **FEE: $** _____ **F.R.N.:** _____

	SIGNATURES	DATE
DEH OFFICIAL:		
ADMINISTRATOR, DEH:		