



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"/> Duplicate	<input type="checkbox"/> Change of Owner/Management Previous Owner: _____ <input type="checkbox"/> Establishment Name Change Previous Name: _____
<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	

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: _____ 5. Type of Owner <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other 6. Type of Establishment a. <input type="checkbox"/> Mobile <input type="checkbox"/> Stationary b. <input type="checkbox"/> Temporary <input type="checkbox"/> 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	
DEH OFFICIAL: _____	DATE _____
CHIEF EPHO, DEH: _____	_____



GOVERNMENT OF GUAM
DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR
WORKERS' DORMITORY PERMIT

**PART I: APPLICATION STATUS**

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Duplicate | <input type="checkbox"/> Amendment |

PART II: CHANGE OF OWNER AND/OR NAME

- | |
|---|
| <input type="checkbox"/> Change of Owner/Management |
| Previous Owner: _____ |
| <input type="checkbox"/> 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:

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

[illegible]

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: _____