



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"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Amendment	<input type="checkbox"/> Change of Owner/Management Previous Owner: _____ <input type="checkbox"/> 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: _____		
	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 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 </td> <td style="width: 50%; vertical-align: top;"> 6. Type of Establishment a. <input type="checkbox"/> Mobile <input type="checkbox"/> Stationary b. <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent </td> </tr> </table>	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
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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.: _____	New S.P. No.: _____
FEE: \$ _____	F.R. #: _____
SIGNATURES	DATE
DEH OFFICIAL: _____	_____
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: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	MAXIMUM CAPACITY: <input style="width: 50px;" type="text"/>	CURRENT NO. OF WORKERS: <input style="width: 50px;" type="text"/>
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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
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DEH USE ONLY

Restrictions: _____			
Establishment ID No.: _____	New Permit. No.: _____	FEE: \$ _____	F.R. No.: _____
SIGNATURES		DATE	
DEH OFFICIAL: _____	_____	_____	_____
CHIEF EPHO, DEH: _____	_____	_____	_____

Name of Establishment: _____

Temporary Workforce Housing Renewal			
Applicant's Copy			
	For Sanitary Permit Renewal (Based on Inspection Phase)	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Sanitation Inspection Report		
3.	Valid Workers' Dormitory Permit		
4.	Copy of Previous Sanitary Permit		
	For Workers Dormitory Permit Renewal (Every 6/30 of the year)	Date Completed	Received By
1.	Workers' Dormitory Permit Application		
2.	GLUC for TWHF (>5 occupants, if applicable)		
3.	Contractors or Business License		
4.	Copy of Previous Workers' Dormitory Permit		