



# 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: \_\_\_\_\_

**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: \_\_\_\_\_

<p><b>5. Type of Owner</b></p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other</p>	<p><b>6. Type of Establishment</b></p> <p>a. <input type="checkbox"/> Mobile</p> <p><input type="checkbox"/> Stationary</p> <p>b. <input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Permanent</p>
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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.: \_\_\_\_\_ Old S.P. No.: \_\_\_\_\_ New S.P. No.: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

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