



FORM A
GOVERNMENT OF GUAM
DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR SANITARY 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

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)													
<table style="width: 100%;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">TITLE</th><th style="width: 33%;">MAILING ADDRESS</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		NAME	TITLE	MAILING ADDRESS	_____	_____	_____	_____	_____	_____	_____	_____	_____
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: _____	_____	_____



FORM B

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



SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT

Please type or print legibly using black or blue ink.

Applications must be submitted at least 30 days prior to the planned opening. *Please read the Instructions for completing this application. Failure to complete this application in its entirety may delay the processing of your Sanitary Permit application.*

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

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

PART II. Plan Review Type

- New Food Establishment
- Remodel
- Conversion

Projected Opening Date: _____

PART III. Type of Food Operation (Check all that applies)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Sandwich Stand
<input type="checkbox"/> Bar	<input type="checkbox"/> Drink Stand	<input type="checkbox"/> Short Order Establishment
<input type="checkbox"/> Beverage Vending Machine	<input type="checkbox"/> Food Vending Machine	<input type="checkbox"/> Soda Fountain
<input type="checkbox"/> Café	<input type="checkbox"/> In-plant Employee Eating Establishment	<input type="checkbox"/> Stall Stand
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Mobile Food Service Establishment	<input type="checkbox"/> Tavern
<input type="checkbox"/> Catering	<input type="checkbox"/> Retail	<input type="checkbox"/> Temporary Food Service Establishment
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Others (Please Specify)

Check if serving to highly susceptible population

PART IV. Plan Review Components

1. Establishment Information

a. Period of operation:

Days of Operation	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	

Days of Operation	Hours of Operation
Thursday	
Friday	
Saturday	

- b. Number of indoor dining seats: _____
- c. Number of outdoor dining seats: _____
- d. Total number of staff: _____
- e. Maximum number of staff per shift: _____
- f. Total square feet of facility: _____

2. Intended Menu (Use menu, if available. If more space is needed, attach another sheet.)

Check this box if actual menu is provided as an attachment instead.

No.	Item Name on Menu (Food and Drinks)	Primary Ingredient(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

If additional list is included, please check this box:

3. Anticipated Volume of Food: Stored, Prepared, and Sold/Served

a. Approximate number of meals the establishment will be serving daily for:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	
Total of all above	

b. Estimated number of days between delivery of foods to the establishment:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	

4. Proposed Layout - Provide as attachments (a & b) to this form.

- a. Floor plan
- b. Vicinity map

c. Construction materials and interior finish schedule

Room/Area Name	Floor Finish	Wall Finish	Ceiling Finish	Comments
Kitchen				
Bar				
Buffet Area				
Dining Area				
Toilet Rooms				
Dry Storage				
Walk-In Refrigerators and Freezers				
Refuse Storage				
Warewashing Area				
Mop Service Area				
Employee Areas				

5. Proposed Equipment (If additional space is needed, attach another sheet.)

a. Cold Storage Equipment. (Total number of items listed _____)

Item #	Quantity	Type	Manufacturer	Model #	Dimension	Location
A1.						
A2.						
A3.						
A4.						
A5.						
A6.						
A7.						
A8.						

If additional list is included, please check this box

b. Hot Holding Equipment. (Total number of items listed _____)

Item #	Quantity	Type	Manufacturer	Model #	Dimension	Location
B1.						
B2.						
B3.						
B4.						
B5.						
B6.						

If additional list is included, please check this box

c. Sinks. (Total number of items listed _____)

Item #	Quantity	Type	Manufacturer	Model #	Dimension	Location
C1.						
C2.						

Item #	Quantity	Type	Manufacturer	Model #	Dimension	Location
C3.						
C4.						
C5.						
C6.						
C7.						
C8.						

If additional list is included, please check this box

d. Other Equipment. (Total number of items listed _____)

Item #	Quantity	Type	Manufacturer	Model #	Dimension	Location
D1.						
D2.						
D3.						
D4.						
D5.						
D6.						
D7.						
D8.						
D9.						
D10.						
D11.						
D12.						

If additional list is included, please check this box

PART V. Description of Activity

- 1. No food preparation; only offers for sale pre-packaged food that is not PHF/TCS
- 2. Prepares only non-PHF/non-TCS food
- 3. Prepares, offers for sale, or services PHF/TCS food: (Check all activities that the establishment will perform)
 - a. Only to order upon consumer's request
 - b. In advance in quantities based on projected consumer demand and discards food that is not sold/served at an approved frequency
 - c. In advance for on-site consumption (or take-out) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
 - d. In advance for off-site consumption using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
 - e. In advance for on-site consumption by highly susceptible population (HSP) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing

PART VI. Activities Requiring a Variance and a HACCP Plan

- 1. Serving raw, undercooked, or unprocessed animal products without providing a consumer advisory. [GFC 3-401.11(D)]
- 2. Smoking food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(A)]
- 3. Curing Food. [GFC 3-502.11(B)]
- 4. Adding vinegar or other food additives to preserve food (not to enhance flavor) or render food as non-potentially hazardous food. [GFC 3-502.11(C)]
- 5. Packaging food using reduced oxygen packaging (ROP) method with only one safety barrier to control *Clostridium botulinum*. [GFC 3-502.11(D)]
- 6. Custom processing animals that are for personal use and not for sale or service. [GFC 3-502.11(F)]h
- 7. Sprouting seeds or beans. [GFC 3-502.11(H)]
- 8. Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption. [GFC 3-502.11(E) and 4-204.110(B)]
- 9. Others. [GFC 3-502.22(G) and 8-103.10]
- 10. Using time only as a public health control. [2005 FDA Model Food Code 3-501.19]

PART VII. Activities Requiring only a HACCP Plan

- 1. Juice packaged in the establishment [GFC 3-404.11]
- 2. Packaging food using a cook chill or *sous vide* process [GFC 3-502.12(D)]
- 3. Packaging food using ROP with refrigeration and two or more barriers against *Clostridium* and *Listeria* [GFC 3-502.12(A)]
- 4. Packaging cheese using ROP [GFC 3-502.12(E)]
- 5. Serving unpackaged juice prepared on-site to children age 9 or less [GFC 3-801.11(F)(3)]
- 6. Serving non-pasteurized combined eggs to highly susceptible population [GFC 3-801.11(F)(3)]

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.

PERSONNEL INFORMATION LISTING

Establishment Name: _____

Total No. of Personnel: _____ **Hours of Operation:** _____

Number of Shifts: _____

DEH USE ONLY

	Name of Employee	Position Duty	Confirmed by:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

SMOKING POLICY

Establishment Name:

INTRODUCTION

Since the enactment of Public Law 28-80, known as the "Natasha Protection Act of 2005", smoking is now prohibited in all enclosed public places and certain places of employment, such as restaurants.

PURPOSE

The purpose of this policy is to protect the health and welfare of our employees and clients. This policy ensures that employees and clients are not forced to breathe environmental tobacco smoke (Second-hand smoke) within this health regulated establishment.

AUTHORITY

Division 4 of Title 10 GCA, Chapter 90

PROHIBITION OF SMOKING IN PUBLIC PLACES

Smoking is prohibited in all enclosed places, including but not limited to the following areas:

1. Restaurants;
2. Elevators;
3. Restrooms;
4. Service lines;
5. Waiting rooms and hallways; and
6. All areas available to, and customarily used by, the general public in this business patronized by the public.

WRITTEN SMOKING POLICY

A written smoking policy shall be adopted, implemented, made known to all employees, and maintained at this business establishment. A written copy of the smoking policy shall also be supplied to any existing or prospective employee upon request. *Title 10 Guam Code Annotated, Chapter 90, Section 90106 (b), (c), and (d).*

POSTING OF SIGNS

"No Smoking" signs with letters not less than 1 inch in height or the international symbol consisting of pictorial representation of a burning cigarette enclosed in a red circle with a red bar across, shall be clearly and conspicuously posted within the establishment or facility.

VIOLATIONS AND PENALTIES

Any person who violates this Act may be punished by:

1. A fine not exceeding One Hundred Dollars (\$100) for a first violation.
2. A fine not exceeding Two Hundred Dollars (\$200) for a second violation.
3. A fine not exceeding Five Hundred Dollars (\$500) for each violation thereafter.

Any business which violates this Act may be punished by:

1. A fine not exceeding One Thousand Dollars (\$1,000) for a first violation.
2. A fine not exceeding Two Thousand Dollars (\$2,000) for a second violation.
3. A fine not exceeding Three Thousand Dollars (\$3,000) for each additional violation thereafter.

Owner or Authorized Representative

Date

Name of Establishment: _____

DEH USE ONLY

	Contents	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Business License		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Smoking Policy		
7.	Personnel Listing		
8.	Health Certificate		
9.	Manager's Certificate/Sign-up		
10.	Form B: Supplemental Application for Food Est.		
11.	Form C-1: Application for Variance		
12.	Other:		

Approved

Not Approved

Reason for denial: _____

SIGNATURES

DATES

Environmental Public Health Officer: _____

Environmental Public Health Officer Administrator: _____

Chief Environmental Public Health Officer: _____