

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Group Care Application

New Application: _____ **Change of Application:** _____ **Permit #:** _____

Facility Name: _____

Facility address: _____

Ownership Name: _____

Mailing Address: _____

Phone Number: _____, **Fax Number:** _____

Email Address _____

Person in Charge: _____ **Title:** _____

Projected Capacity: _____ **No increase in capacity without approval from HCHD**
Food Service: _____ **Yes,** _____ **No.** **If capacity is 11 or more must obtain plan review, Contact Ani Chakraborti at 307-8015 x 5954**

Kitchen: # of sink compartments _____ **Dishwasher** _____ **Yes** _____ **No**

Type of Water Service: _____, **Type of Sewer Service:** _____

Well or Septic Service Must be Approved before Group Care Inspection Complete

Number of Toilets _____, **Urinals** _____, **Sinks** _____, **Showers** _____

Water Fountain Provided: _____ **Yes,** _____ **No,** **Number of Fountains:** _____

Site Plan Must Be Attached: _____

Days of Operation: _____, **Hours of Operation:** _____

Information Provided by: _____, **Phone:** _____

Application Fee: \$150

Approved: _____ **Yes,** _____ **No** **Health Official:** _____