



**GOVERNMENT OF GUAM
DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR SANITARY PERMIT**



APPLICATION STATUS:

- New Renewal
 Duplicate Amendment

Change of Owner/Management

Previous Owner: _____

Establishment Name Change

Previous Name: _____

<p>1. Applicant: Name: _____ Date of Birth: _____ Mailing Address: _____ Telephone No.: _____</p>	<p>2. Establishment Name: _____ Mailing Address: _____ Location: _____ Telephone: _____</p>												
<p>3. Person-in-Charge (PIC) of Establishment Name: _____ Title: _____ Address: _____ Telephone No.: _____</p>	<p>4. Immediate Supervisor of PIC Name: _____ Title: _____ Address: _____ Telephone No.: _____</p>												
<p>5. Local Resident Agent of Establishment, if applicable Name: _____ Title: _____ Address: _____ Telephone No.: _____</p>	<table style="width:100%;"> <tr> <td style="width:50%;">6. Type of Owner</td> <td style="width:50%;">7. Type of Establishment</td> </tr> <tr> <td><input type="checkbox"/> Association</td> <td>a. <input type="checkbox"/> Mobile</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Stationary</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td>b. <input type="checkbox"/> Temporary</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Permanent</td> </tr> </table>	6. Type of Owner	7. Type of Establishment	<input type="checkbox"/> Association	a. <input type="checkbox"/> Mobile	<input type="checkbox"/> Corporation	<input type="checkbox"/> Stationary	<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	b. <input type="checkbox"/> Temporary	<input type="checkbox"/> Other	<input type="checkbox"/> Permanent
6. Type of Owner	7. Type of Establishment												
<input type="checkbox"/> Association	a. <input type="checkbox"/> Mobile												
<input type="checkbox"/> Corporation	<input type="checkbox"/> Stationary												
<input type="checkbox"/> Individual													
<input type="checkbox"/> Partnership	b. <input type="checkbox"/> Temporary												
<input type="checkbox"/> Other	<input type="checkbox"/> Permanent												
<p>8. Legal Owner(s) or Officers (If more space needed, please attach additional paper)</p> <table style="width:100%; border-collapse: collapse;"> <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 the Sanitary Permit may cause your permit to be suspended.
THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO OPERATE**

SIGNATURE OF APPLICANT

DATE

NUMBER OF EMPLOYEES

DEH USE ONLY BELOW

Category: _____	Sub-Category: _____
Restrictions: _____	
Sanitary Permit No. OLD: _____	NEW: _____
FEE: \$ _____	F.R.N.: _____
SIGNATURES	DATE
DEH OFFICIAL: _____	_____
ADMINISTRATOR, 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.

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. Restaurant;
2. Elevators;
3. Restrooms;
4. Service line;
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.

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

