

DH use only: Check No	Check Amount
Date Received	Receipt No
Permit No	Date Issued

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility that stores biomedical waste must obtain an annual permit from the department. The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to the county health department that has jurisdiction for the biomedical waste program in the county where the storage facility will be located.

1. Application For (Choose One): (Applicant must be a legal entity, i.e.: individual, pa	New rtnership, corporation, association,	Renewal or public body)					
2. Facility Name:							
3. Facility Address:							
Street		City	State	Zip Code			
4. Contact Person:		Telephone: ()					
5. Name of Facility Owner:							
6. Mailing Address of Facility Owner:							
	Street	City	State	Zip Code			
7. Business Phone: ()							
8. 24-Hour Emergency Phone: ()						
9. Name of Property Owner:							
10. Mailing Address of Property Owner:	:						
	Street	City	State	Zip Code			
Describe the general layout and op	eration of the facility or eq	uipment (attach additional	sheets, if necessary)): 			
12. Date of beginning operation:							
13. List where the biomedical waste wil	l be treated or taken for fu	irther storage:					
I certify that, to the best of my knowledge	le, the information provide	d in this application is true	and accurate.				
Signature of Authorized Represent	ative Name	of Authorized Representat	ive (print or type)	Date			