



Charlie Crist
Governor



Ana M. Viamonte Ros, MD, MPH
State Surgeon General

Food Establishment Agreement No permit / No Inspection required

Establishment Name: _____ Phone # _____

Address: _____ City: _____

Establishment Ownership: _____

**This establishment requires individuals to bring their own food.
Food is neither prepared at nor catered to this establishment.**

Based on the description of the food service operation provided above, the Broward County Health Department will not issue a Food Hygiene Sanitation Certificate (Permit). The establishment listed above agrees to and will adhere to the food service restrictions indicated above. If at any time the establishment is operating contrary to the imposed restrictions, restricted operations must cease immediately and may be subject to administrative action.

Owner/Manager/Operator/Agent (Print)

Environmental Specialist (Print)

Owner/Manager/Operator/Agent Signature

Environmental Specialist Signature

Date