



<b>DH use only:</b> 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 \$145.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$145.00. The permit fee for renewal applications received after October 1 is \$165.00. 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):** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal**  
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, 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
11. Describe the general layout and operation of the facility or equipment (attach additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
12. Date of beginning operation: \_\_\_\_\_
13. List where the biomedical waste will be treated or taken for further storage:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

\_\_\_\_\_  
Signature of Authorized Representative                      Name of Authorized Representative (print or type)                      Date