



**FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY**  
**Environmental Health Services**  
**2725 Judge Fran Jamieson Way, Suite A116**  
**Viera, Florida 32940-6605**  
**PHONE: 321/633-2100 FAX: 321/633-2151**  
**www.BrevardEH.com**

For Office Use Only
Tracking Number
<input type="checkbox"/> Amended Application
Payment Information

**APPLICATION FOR ANIMAL CARE FACILITY LICENSE**

Instructions: Do not leave any item blank. Enter "NA" for non-applicable items. Submit the completed application and \$75.00 application fee to the address above. Renewal applications and fees are due 45 days prior to license expiration. Checks should be payable to Brevard County Health Department. Payment with Visa and MasterCard are accepted via telephone at (321) 633-2100.

Application for (choose one):  Initial License  Renewal (License #05-02-\_\_\_\_\_)

Facility Type (check all that apply):  Grooming  Boarding  Mobile  Other \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Physical Address of Establishment: \_\_\_\_\_  
Street City State Zip Code

Mailing Address if Different: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Telephone Number of Establishment: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Establishment Owner: \_\_\_\_\_

Mailing Address of Establishment Owner: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Telephone Number of Establishment Owner: (\_\_\_\_) \_\_\_\_\_

Operating Times: Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
 24 hours  AM  AM  AM  AM  AM  AM  AM  
Opening Time: \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM  
Closing Time: \_\_\_\_\_  AM \_\_\_\_\_  AM \_\_\_\_\_  AM \_\_\_\_\_  AM \_\_\_\_\_  AM \_\_\_\_\_  AM  
\_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM \_\_\_\_\_  PM

Is this facility staffed and/or accessible during all hours of operation?  Yes  No

Water Source:  Onsite well  Public water supply Sewage Disposal:  Septic system  Public sewer  
(Facilities utilizing onsite wells and/or septic systems shall obtain all necessary approvals prior to issuance of Animal Care Facility License.)

The undersigned Applicant/Representative hereby agrees to operate the animal care facility described in this application in accordance with the requirements of Chapter 14, Article III of the Brevard County Code of Ordinances. The information contained in this application, which serves as a basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine or revocation of the animal care facility license.

\_\_\_\_\_  
Name of Applicant/Representative (print or type)

\_\_\_\_\_  
Signature of Applicant/Representative

\_\_\_\_\_  
Date