



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: 321/690-6856
www.BrevardEH.com / brevardeh.facilities@flhealth.gov

APPLICATION FOR ANIMAL CARE FACILITY LICENSE

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

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
Opening Time: ☐ PM ☐ PM ☐ PM ☐ PM ☐ PM ☐ PM ☐ PM
☐ AM ☐ AM ☐ AM ☐ AM ☐ AM ☐ AM ☐ AM
Closing Time: ☐ PM ☐ 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