

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

CREDIT CARD VERIFICATION / AUTHORIZATION FORM

Requesting Company: _____ Request Date: _____

Credit Card Number: _____ Expiration Date: _____

Printed Name, (as shown on Card): _____

Phone Number(s): _____ 3-digit V-code: _____

CARDHOLDER's billing address: _____
(Zip code required) _____

Card Holder's Signature: _____ (Required)

Total Charge: _____ **Credit Card Type:** Visa, Discover,
American Express, Master Card

Permit Number (s): _____ (if known) or

Permit Address (es): _____

Service Type Requested (i.e.: septic repair permit, re-inspection fee, operating permit, or facilities permitting, biomedical waste, tattooing, establishment, pool, food, group care & mobile home, etc.)

Applicant (s) name on permit: _____

Comments: _____

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Seminole County Health Department hereby acknowledges that the signature above denotes Authorization to charge the referenced account for payment for this (these) specific service (s). Charges to the above account will not exceed the agreed upon total. The Seminole County Health Department also acknowledges that additional charges will not be made unless additional written authorization is received and specified on this or a subsequent Credit Card Verification/Authorization form. Fees will not be recorded on an account basis; therefore, payments are due upon receipt of an Application package, or of any type of service work request.

Application packages can be emailed to SeminoleEVHPermitApplications@flhealth.gov or dropped in the black drop box under the carport.

pay online at www.MyFloridaEHPermit.com website.