



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
Environmental Health Disease Prevention



Sanitary Permit Inspection Request

FORM A

Control # : _____

Section A: APPLICATION STATUS

- Pre-Operation New Renewal Follow-up
 Change of Name Change of Location Change of Management Other

Section B: GENERAL INFORMATION

DBA Name : _____ Type of Business: _____
 Corporation Name : _____ Business Tel #: _____
 Mailing Address : _____ Fax #: _____
 Physical Location : _____ Email: _____
 Street Name/ Village _____
 Days of Operation : _____
 Hours of Operation : _____
 Water System: Direct to Public Water System Onsite Water Tank Both Seating Capacity: _____
 Name of Person-in-Charge (PIC) : _____ Name & Title _____ Contact # : _____
 Name of Owner (if different from PIC): _____ Contact # : _____
 Signature of applicant: _____ Date : _____
Print & Sign

I/We attest to the accuracy of the information provided, agree to comply with applicable regulations and will allow the regulatory authority (EHDP) access to the facility during any reasonable time to inspect, conduct tests or collect samples as required.

Section C: SUPPORTING DOCUMENTS

All required documentation must be submitted prior to inspection and approval of the Sanitary Permit.

- Valid Business License (provide copy)
- Valid Building Occupancy Certificate (provide copy)
- Floor plan of proposed establishment/ kitchen layout. (Food Service/ Manufacturing, Attachment A)
- Equipment Listing (Food Service/ Manufacturing, Attachment B)
- Location/Map of establishment (Attachment C)
- Personnel Listing and duty (Attachment D)
- Full Menu (provide copy)
- Water Testing Results (if applicable)
- Proof of Certified Pest Control Service (Food Service/ Manufacturing, provide copy)
- Delivery Vehicles (Valid Driver's License, Food Handler Certificate, Car Insurance & Registration)
- Copy of product labels (Food Manufacturing)

Section D: OFFICIAL ADMINISTRATIVE NOTATION

Accepting EHDP Personnel: _____ Date : _____
 Administrative Notes: _____

For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

●Saipan
Tel: (670) 664-4870/2/3

●Tinian
(670) 664-433-9263

●Rota
(670) 532-9461/2/3

Attachment A: FLOOR PLAN

ESTBALISHMENT NAME :

LOCATION :

Please provide a detailed floor plan including all applicable equipment, rooms, furniture, appliances, etc. with set-up and labels. The floor plan must include specific areas of your premise. Label & identify all areas i.e. dining area, bar, lounge, dry storage, warewashing sink, food prep tables, dinning tables and chairs, etc.

For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

●Saipan

Tel: (670) 664-4870/2/3

●Tinian

(670) 664-433-9263

●Rota

(670) 532-9461/2/3

Attachment B: Equipment Listing

#	Equipment Type	Make/model
<i>Example</i>	<i>Hot holding box/cabinet</i>	<i>Vulcan</i>

For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

Attachment C: Vicinity Map

Establishment Name:

Location:

Tel. # :

Please show landmarks, street names, nearby buildings and businesses, and any other significant sites that will assist the EHDP in locating your establishment.

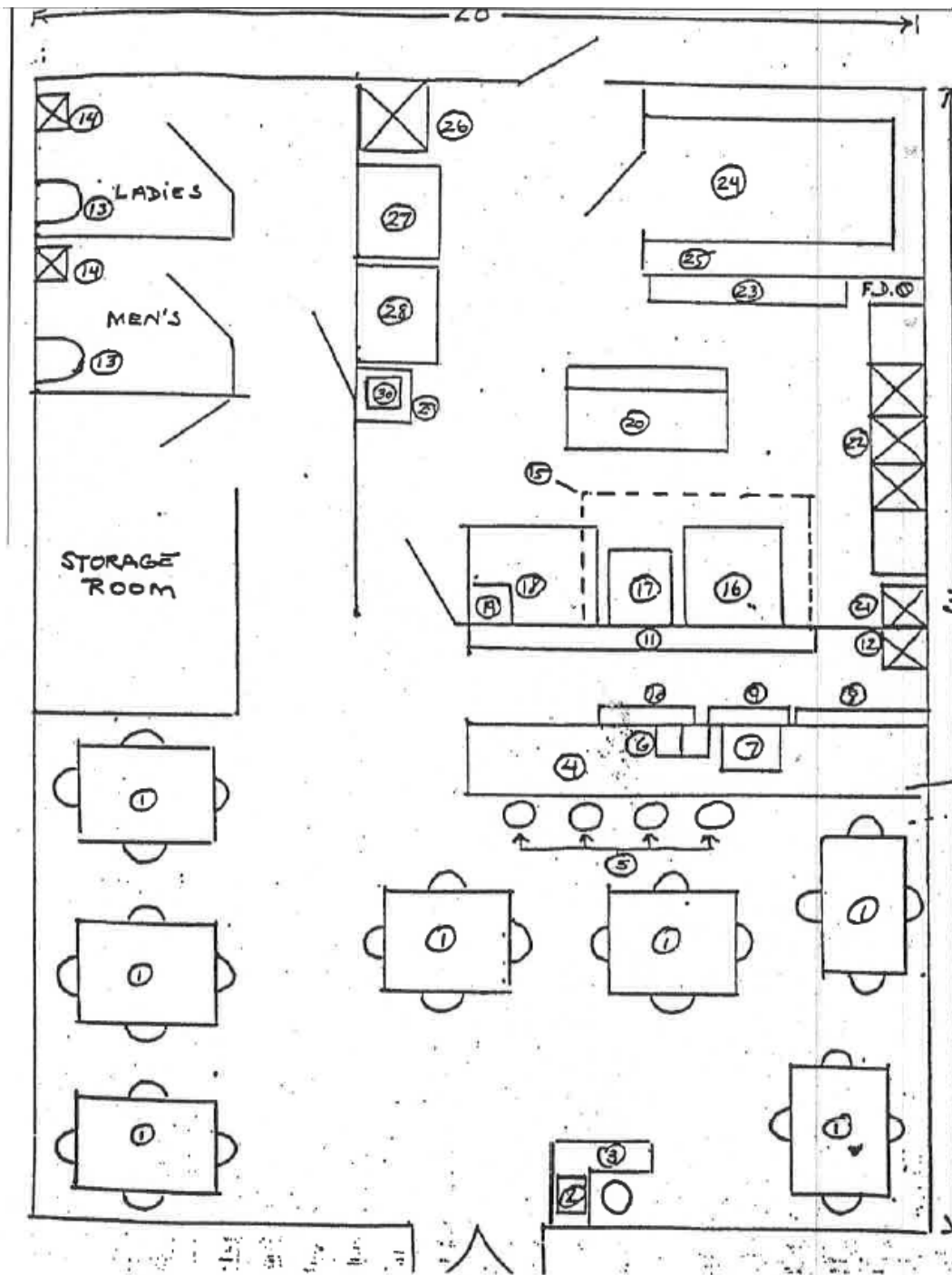
For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

●Saipan
Tel: (670) 664-4870/2/3

●Tinian
(670) 664-433-9263

●Rota
(670) 532-9461/2/3

Sample Floor Plan and Layout



Example of Equipment Schedule Corresponding to Floor Plan

1. Dining Tables
2. Cash Register
3. Counter
4. Counter
5. Stools
6. Coffee/Tea
7. Beverage Dispenser
8. Draft Beer Box
9. Ice Bin
10. Table
11. Back Bar (Utensil storage)
12. Hand sink
13. Toilet
14. Hand sink
15. Hood
16. Stove
17. Deep Fryer
18. Table
19. Microwave Oven
20. Sandwich Unit
21. Hand sink
22. 3-Compartment Sink with drain boards
23. Shelves
24. Walk-in Refrigerator
25. Storage racks
26. Mop sink
27. Freezer
28. Reach-in Refrigerator
29. Table
30. Slicer

Scale: 1/4" = 1 ft.

For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

•Saipan
Tel: (670) 664-4870/2/3

•Tinian
(670) 664-433-9263

•Rota
(670) 532-9461/2/3