

FLORIDA BOARD OF OPTICIANRY
4052 BALD CYPRESS WAY, BIN #C08
TALLAHASSEE, FLORIDA 32399-3258
(850)245-4474

Application for Optical Establishment Permit

Each applicant must indicate the reason(s) for completing the application and submit the non-refundable fee. A separate application must be completed for each establishment change of (physical) location and each change of name.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING.

Please check appropriate reason(s) for this application. Type or print clearly.

- Registration and licensure of a new establishment \$100.00 (Change of ownership requires new registration.)
- Change of physical location ** \$25.00 (duplicate license fee)
- Change of name of establishment \$25.00 (duplicate license fee)

ESTABLISHMENT INFORMATION:

I. *Name of Establishment: _____

II. *Name of Owner: _____ SS#: _____

*Mailing Address: _____
(Street)

(City) (County) (State) (Zip)

III. *Location Address of Establishment: _____

IV. (Street)
* _____
(City) (County) (State) (Zip)

* _____
(Required: Name of Contact Person) (Required: Telephone Number)

* Denotes required information.

** If this is a location address change, indicate the old address:

(Street)

(City) (County) (State) (Zip) (Phone Number)

CERTIFICATION

I, the undersigned, have read the foregoing and hereby certify that the information provided in this application is true and correct. I am aware of the fact that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A PERMIT. I further certify that I am familiar with the laws and rules regulating Optical Establishments and that this facility meets the requirements of Chapter 484, Part I, Florida Statutes, and the Rules of the Board of Opticianry, and that this facility will be operated in compliance with all applicable laws and rules.

Signature of Owner or Registered Agent

*Date

*Typed or Printed Name