

# Hazardous Waste Screening Form

The Division of Environmental Public Health performs hazardous waste screenings for businesses obtaining their Local Business Tax Receipt from the Tax Collector Office of St. Lucie County. The Hazardous Waste Screening form is NOT an inspection and is only required when opening a new business or new location within St. Lucie County. Residential-based businesses that operate as a home office ONLY are not required to complete this form. The form's purpose is to determine if permitting from the Florida Department of Health in St. Lucie County is necessary based on the business activities and utilities provided at the business address.

**Screening Fee:** The fee is \$10 and may be paid via check, debit, or credit card (Visa or Mastercard only), or cash.

- Checks should be made payable to the Florida Department of Health in St. Lucie County.
- If paying using Visa or Mastercard, please complete the credit card authorization form enclosed.  
**Note:** a signature is required to process payment, however sensitive card information shall not be provided. For increased security, you are required to call us at 772-873-4931 to provide sensitive card info via phone.
- If paying via cash, please provide exact change.

**Submit Completed Forms by Email or In Person:**

- Submit by email at [CHD56\\_EHinfo@flhealth.gov](mailto:CHD56_EHinfo@flhealth.gov)
- Bring forms Monday through Friday from 8 a.m. to 4:30 p.m. to **1701 S 23<sup>rd</sup> St, Fort Pierce, FL 34950.**

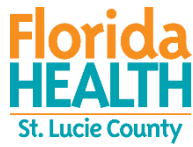
**For More Information:** Please contact us at 772-873-4931 or [CHD56\\_EHinfo@flhealth.gov](mailto:CHD56_EHinfo@flhealth.gov)

**After We Review the Hazardous Waste Screening Form:**

- Businesses that do not require additional permitting are stamped and returned immediately.
- Businesses that require permitting will be provided appropriate applications and instructions. Additional actions are needed prior to receiving stamped form.
- Submit stamped forms to the Business Tax Office.

## Instructions for Completing the Form (form numbers on left):

- |     |  |
|-----|--|
| 1-4 | Provide the business information exactly as it appears on <a href="#">SunBiz</a> .   |
| 8-9 | The Property/ Parcel ID and Zoning are available on the Property Appraiser Website: <a href="#">Saint Lucie County Property Appraiser</a> .  |
| 10  | Examples include food preparation, retail food sales only, medical exams, medical consultations only, auto detailing, pet grooming or kenneling, laundromat (provide number of machines), beauty salon (specify), etc.   |
| 12  | Property owner or manager may provide this information. Do they pay a sewer bill to the utility? If yes, mark public sewer. If unknown, contact the jurisdictional utilities department.   |
| 13  | Property owner or manager may provide this information. Do they pay a water bill to the utility? If yes, mark public water. If unknown, contact the jurisdictional utilities department.   |
| 14  | Biomedical waste is defined as any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps.<br>The following are also included: <ul style="list-style-type: none"><li>a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.</li><li>b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.</li></ul> |



# Hazardous Waste Screening Form

from the Florida Department of Health in St. Lucie County for a Local Business Tax Receipt

**\* You must complete all sections before we can process this form. Please print legibly. \***

Date: \_\_\_\_\_

Fee \$10.00 (03/2018)

1. Business Name: \_\_\_\_\_

2. Business Owner(s): \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
(City) (State) (Zip)

4. Mailing Address (If Different): \_\_\_\_\_  
(City) (State) (Zip)

5. Business Phone: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Name of Commercial/Shopping Center (If Applicable): \_\_\_\_\_

8. Property/Parcel ID #: \_\_\_\_\_

9. Zoning: \_\_\_\_\_

10. Brief Description of Activities: \_\_\_\_\_

11. Does this business operate at any other locations or buildings in **this county** other than at the business address listed above?  No  Yes If yes, what location: \_\_\_\_\_

12. What is your sewage system?  Public Sewer **OR**  Septic System

13. Where do you get your water?  Public Water **OR**  Well Water

14. Does the business generate and/or dispose of biomedical waste?  Yes  No

**I hereby agree that the business above will comply with all federal, state, and local hazardous waste laws.**

\_\_\_\_\_  
Print Name (Agent for the above address)

\_\_\_\_\_  
Signature

**Do Not Write Below This Line**

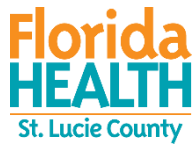
Health Department Permit Required?  Yes  No

Permit Number: \_\_\_\_\_

Another Agency Permit Required?  Yes  No

Additional Info: \_\_\_\_\_

FDOH Stamp



## Credit Card Authorization Form

**This Form Allows Us to Process Your Payment by Phone:**

Please complete and return this form and call our office at 772-873-4931 to provide your credit card number, expiration date, and CVV number via phone.

MasterCard     Visa

Date \_\_\_\_\_

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Signature (required for processing)

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Business Name

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Name (as it appears on the credit card)

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Phone number of cardholder

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Mailing address of credit card statement with zip code

**Select one of the following:**

\$ \_\_\_\_\_  
One-time amount authorized

Initial here to retain this form to authorize future charges \_\_\_\_\_

**This form allows us to process your payment by phone, you must call us at 772-873-4931 to complete your payment.**

*Thank you for your cooperation.*