

ORANGE COUNTY

Application for
OCCUPATIONAL LICENSE

047729-2929

DATE APR 3

CITY LICENSE NO. _____
STATE CERTIFICATE OR
COMPETENCY CARD NO. _____

☐ TRANSFER
☐ UPGRADE

APPLICATION IS HEREBY MADE FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION, OR OCCUPATION
HEREINAFTER DESCRIBED FOR THE PERIOD DESIGNATED.

BUSINESS NAME PAGES PASTIQUES

JUDITH K BERGMEIER
OWNERS NAME JENNIFER F PAGE

MAILING ADDRESS 741 TILDENVILLE SCHOOL RD WINTER GARDEN FL 32787 877-3845

BUSINESS LOCATION SAME PHONE

LEGAL DESCRIPTION: 21-22-27- OVER
(SEC/TP/RG/SUB/PAR)

(USE REVERSE SIDE IF NECESSARY)

NATURE OF OCCUPATION, PROFESSION OR BUSINESS 3200-RETAIL-FURNITURE

VENDING MACHINES RESTAURANT (SEATING CAPACITY) HOTEL (ROOMS)
TOTAL NUMBER OF PERSONS EMPLOYED LICENSE
(ALL PRINCIPALS AND EMPLOYEES) PERIOD: FROM APR 3, 19 89 TO SEPTEMBER 30, 19 89

FULL CORPORATION DATA MANDATORY

FULL CORPORATE NAME

NAMES AND RESIDENCE ADDRESSES OF OFFICERS/OWNERS

JENNIFER F PAGE 325 S HIGHLAND AVE WINTER GARDEN FL 32787 877-3845

NAME ADDRESS TITLE PHONE

JUDITH K BERGMEIER SAME AS ABOVE TITLE PHONE

NAME ADDRESS TITLE PHONE

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
AND BELIEF. IF ANY PORTION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR
IMMEDIATE REVOCATION OF ANY LICENSE ISSUED TO ME.

IT IS FURTHER UNDERSTOOD THAT THIS LICENSE IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION
OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREON AND THAT I WILL COMPLY WITH THE
CODE OF ORANGE COUNTY. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE
COUNTY CODE OR TO NOTIFY THE OCCUPATIONAL LICENSE OFFICE OF ANY CHANGE WILL RESULT IN REVOCATION
OF SAID LICENSE.

CHECKS PAYABLE TO:

EARL K. WOOD, ORANGE COUNTY TAX COLLECTOR
P.O. BOX 2551, ORLANDO, FLORIDA 32802

OWNER'S NAME *Annelle D. Wood*

SWORN TO AND SUBSCRIBED BEFORE ME THIS

3 DAY OF Apr

BY

19 89, NOTARY PUBLIC

MY COMMISSION EXPIRES 5-6, 19 91

Orange

County

Building Department

Christ T. Sanidas, Building Official

101 South Rosalind Avenue, 1st Floor

Reply To: Post Office Box 2637

Orlando, Florida 32802-2637

Telephone (407) 236-5550

PROCEDURES FOR CUSTOMER AFTER USE PERMIT IS ISSUED

M. Powell

702-715

1. Call for inspection at 236-5576 - 24 hour notice is required.

Inspectors will be at place of inspection between 7:30 a.m.

and 4:00 p.m. Someone must be at the site when the inspector

arrives. If an inspection is rejected, or any other require-

ments need to be met, the inspector will leave a notice on

the job site.

2. Health inspection required - the Health Department inspection

should be set up for a definite day and at that time call for a building inspection, avoiding a 2 day wait.

244-2610

236-30

3. The customer is to call the Records Department at 236-5768

for release of a Certificate of Occupancy. Please call after

12:00 noon.

4. When the Certificate of Occupancy is ready to be released, the

customer is to go to the Building Department and ask for someone

from Records. Give the Records clerk the use permit number and

a Certificate of Occupancy will be issued.

5. The customer will then take the application from the Occupational

License Department and the Certificate of Occupancy to the Zoning

Department for a red stamp on the application.

6. The customer then takes the application to the Occupational

Department for issuance of the license.

420-3347

FOOD SERVICE REGULATOR

PLANS ROUTINE #

DATE: 3/9/87

NAME OF ESTABLISHMENT: Wildenville Retail Outlet 2. TYPE OF BLC. NEW EXISTING ✓

ADDRESS: 741 Wildenville Rd Wildenville. SEATING CAPACITY:

3. IF DEFILERS: 1 6. TYPE OF SEWAGE DISPOSAL: MUNICIPAL: SEPTIC TANK:

7. TYPE OF WATER SUPPLY: MUNICIPAL: WELL: ✓

8. FLOOR DRAINS (NOT PERMITTED IN WALK-IN COOLERS UNLESS AIR GAP IS PROVIDED) ✓

9. WATER HEATER: (VENTED, IF GAS) 10. DISHWASHER (OPTIONAL) N/A

11. THREE COMPARTMENT SINK WITH DRAINBOARDS AT EACH END REQUIRED:

12. HOODS OVER COOKING EQUIPMENT: (MEETS NFPA 96 REQUIREMENTS AND FIRE DEPT. REQUIREMENTS) N/A

13. HAND WASH SINK IN KITCHEN: ✓ BAR: N/A

14. ICE MACHINES: APPROVED SOURCE: APPROVED LOCATION:

15. SELF-CLOSING PASS OUT WINDOWS OR AIR SCREEN: N/A PROVIDE SELF CLOSURES ON OUTER DOORS:

16. FLOORS, WALLS AND CEILINGS MUST BE SMOOTH, IMPERVIOUS AND EASILY CLEANABLE IN FOOD PREPARATION AND FOOD STORAGE AREAS: ✓ RESTROOMS: ✓

17. JOINTS AT WALL AND FLOOR JUNCTURES IN FOOD AND WALK-IN REFRIGERATOR AREAS SHALL BE SEALED: ✓

18. EQUIPMENT MUST BE SEALED TOGETHER AND TO WALL OR ADEQUATE CLEANING SPACE PROVIDED BETWEEN, UNDER, AND BEHIND EQUIPMENT: ✓

19. PROVIDE ADEQUATE LIGHTING IN WORK AREAS FOR CLEANING:

20. LIGHT SHIELDS NEEDED IN FOOD PREPARATION AREAS AND FOOD STORAGE AREAS:

21. DIPPER WELL FOR ICE CREAM SCOPES: N/A

22. GARBAGE CAN WASH OR MIP SINK REQUIRED: ✓

23. JANITOR'S AREA PROVIDED: ✓

24. PAVED DRAINAGE PAD REQUIRED IF DIPSTER IS USED: N/A

25. GREASE INTERCEPTOR: GARBAGE DISPOSAL BYPASSES GREASE INTERCEPTOR:

(NO GARBAGE DISPOSALS TO BE INSTALLED WHERE SEPTIC TANKS ARE USED FOR SEWAGE DISPOSAL.)

26. LOCKERS RECOMMENDED FOR DEFILERS:

27. RESTROOM REQUIREMENTS:

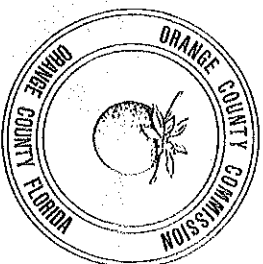
A. NUMBER OF MEN'S COMPTES: 1 URINALS: LAVATORIES: ✓

B. NUMBER OF LADIES COMPTES: LAVATORIES:

C. EXHAUST VENTILATION: ✓ (COFFLINES WITHIN 10-30)

D. VESTIBLES REQUIRED IF OPENING DIRECTLY INTO FOOD SERVICE AREAS: ✓

28. ADDITIONAL COMMENTS:



ORANGE COUNTY BUILDING DEPARTMENT
201 SOUTH ROSALIND AVE
ORLANDO, FLORIDA 32802-2637
PHONE 407-238-6550
B U I L D I N G P E R M I T

PERMIT NUMBER
JOB NUMBER

585-006477

FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS.

PERMIT EXPIRES IF NO INSPECTION WITHIN SIX MONTHS OR SIX MONTHS AFTER LAST VALID INSPECTION.

PERMISSION IS HEREBY GIVEN TO DO THE FOLLOWING DESCRIBED WORK ACCORDING TO THE CONDITIONS HEREON AND ACCORDING TO THE APPROVED PLANS AND SPECIFICATIONS PERTAINING THERETO SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF ORANGE COUNTY, FLORIDA

USE PERMIT TYPE V MERCANTILE

JOB ADDRESS 741 TILDENVILLE SCHOOL RD, WINTER GARDEN

OWNERSHIP IS PRIVATE

USE PERMIT/PAGES PASTIQUE

PARCEL NO. 22-22-27-0000-00026

OWNER PHONE 407-877-3845
J. PAGE/J. BERGMAN
325 S. HIGHLAND AV
WINTER GDN FL 32787

CONTRACTOR

PHONE

000000100
HOMEDANER
ORLANDO

FL 00000

PAYER/ADDRESS

PERMIT FEE

30.00
CML

NATURE OF WORK/SPECIAL CONSIDERATIONS
USE PERMIT/RETAIL-FURNITURE

DATE OF APPLICATION
DATE ISSUED

89/04/03
89/04/03

PAGES PASTIQUES

BLDG. DEPT. VALUE
INSPECTOR HP

OPER INIT KAL

B U I L D I N G F E A T U R E S

--OTHER INFO.--

SG.FT. AREA
SG.FT/FLOOR
NO.OF UNITS
MAX OCC/FLR.
OCC. GROUP
PK. SPACES
HGT. LIMIT
STORIES
EL.LOW FLR.
+/- UNITS
EL.FLD. PLAIN
+/- BLDGS.
MAX FL. LOAD
ZONE CLASS.
OWN. EST. VAL.
WATER SYSTEM
NO.OF BLDGS.

C/O REQUIRED

C-1

COP

SHER

-----IMPACT FEES-----

LAW ENFORCE.	.00	SECTOR	0
FIRE	.00	AREA	0
TRAFFIC	.00	ZONE	0
RADON FEE	.00		

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED.