

**Mission:**

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



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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## Payment Methods

### Online:

<https://ephdapps.floridahealth.gov/EPHDOBP/Home.aspx>

For "Billing Code" or "Audit Control Number", refer to the 06-BID-XXXXXX number

### Credit card authorization form:

- To docusign, [Click here](#)
- To fax or mail, see attached copy.

### Mail:

Make check payable to: **Florida Department of Health in Broward County** and send to:

Florida Department of Health - Broward County  
Cashier's Office  
780 SW 24th Street  
Fort Lauderdale, FL 33315

### In Person:

Florida Department of Health - Broward County  
Cashier's Office: "Permit" window (First floor)  
2421-A SW 6th Avenue  
Fort Lauderdale, FL 33315

**Hours of Operation:** Monday-Friday 8:00AM-4:30PM



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## CREDIT CARD AUTHORIZATION FORM

Facility: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO: FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY

We have taken an extra step to protect our clients from credit card fraud. An authorization form filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_

Circle Type: **VISA** **MASTERCARD** **AMERICAN EXPRESS** **DISCOVER**

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### I AUTHORIZE THE FLORIDA DEPARTMENT OF HEALTH (FDOH) IN BROWARD COUNTY TO CHARGE MY ACCOUNT FOR THE FOLLOWING:

Amount: \$ \_\_\_\_\_ and Service \_\_\_\_\_

If this is a renewal of FDOH - Broward County License or Permit, please print your Permit # \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX TO: (954) 467-4434 / E-MAIL TO: BrowardEHCashier@flhealth.gov OR MAIL TO: Our address below ATTN: Cashier's Office**

**Please make any updates to the renewal of your FDOH - Broward County License or Permit.**

**Facility Name:** \_\_\_\_\_ **License/Permit#** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Location City, State, Zip** \_\_\_\_\_

**Location Phone:** \_\_\_\_\_ **Location Fax:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Owner/Manager/Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

**Florida Department of Health Broward County**  
780 SW 24th Street, Fort Lauderdale, FL 33315  
PHONE: 954-467-4700 • FAX: 954-760-7798  
[www.FloridaHealth.gov](http://www.FloridaHealth.gov)



**Accredited Health Department**  
Public Health Accreditation Board