

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

How to Make a Payment

By mail:

Mail check or credit card authorization form to:
Florida Department of Health in Broward County
Cashier's Office
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

By fax:

Fax the credit card authorization form below to the cashier's office at: (954) 467-4434
or e-mail it to BrowardEHCashier@flhealth.gov

In Person:

Pay by cash, check, or credit card to:
Florida Department of Health in Broward County
Cashier's Office: "Permit" window
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

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

Online:

at: www.myfloridaehpermit.com

Accepts Master Card, Visa, Discover, American Express, debit cards and prepaid cards.

The Billing Code, located on the upper right corner of the invoice in the 06-BID-xxxxx
format, is required.

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



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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 BROWARD COUNTY HEALTH DEPARTMENT TO CHARGE MY ACCOUNT FOR THE FOLLOWING:

Amount: \$ _____ and Service _____

If this is a renewal of BCHD License or Permit, Please print your Permit # _____

Signature: _____ **Date:** _____

FAX THIS FORM TO: (954) 467-4434 OR E-MAIL IT TO: BrowardEHCashier@flhealth.gov

Please make any updates to the renewal of your Broward County Health Department 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



Accredited Health Department
Public Health Accreditation Board