



STATE OF FLORIDA DEPARTMENT OF HEALTH

STOP SALE NOTICE

Authority: Chapter 381, FS
Chapter 64E-11, FAC

Owner: _____

Name Of Establishment: _____

Type of Establishment: _____

Address: _____ Time and Date of Notice _____

City: _____ Zip Code: _____

You are hereby notified to immediately withdraw from sale and public access the following products:

Articles	Brand	Identification No.	Manufacturer	Quantity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following action is directed:

- 1. The above products are placed on a seizure order as unfit for the human/animal consumption and shall be destroyed or otherwise rendered unusable.
- 2. The above articles or foods are placed on a hold order, stop-use order, or removal order and shall be held in proper storage pending further instructions from the health authority!
- 3. The above products are hereby ordered seized in proper storage for court evidence;
- 4. The above articles or foods are placed on a stop-sale order and may be returned to the manufacturer or distributor;
- 5. The above articles are to be destroyed with owner's consent;

Reason for Withdrawal: _____

Penalty for Noncompliance: _____

Copy of Notice received by: _____
(Owner, Manager, Person in charge)

Official _____ County Health Department
Department of Health