



# 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