

**LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES**  
**HEALTH PERMIT COMPLIANCE PROGRAM**

-----ACTION REQUIRED-----

**THIS PACKET OF INFORMATION CONTAINS THE FOLLOWING:**

- 1) Cover Letter explaining the program, funding allocation, and application process.
- 2) Guidelines outlining the program, program criteria, application and reimbursement process, equipment specifications, and monitoring of funds.
- 3) Appendix A DHH Dock Permit Requirements describing the types of equipment required for seafood docks to meet DHH permit requirements. **These DHH permit requirements only apply to docks and do not apply to processors or retailers.**
- 4) Application must be complete, signed and dated. **This application must be returned.**
- 5) Application Instructions – explaining how to complete the application. Please read and follow these carefully.
- 6) “Board Resolution form” which must be completed and returned if payment is to be made to a corporation, limited liability company or partnership. **This form must be returned if applicable.**
- 7) “Federal W-9 form” with instructions. **This form must be returned.**
- 8) “Check Mailing Authorization Form” must be complete, signed and dated if applicant has a business loan to assist in the Health Permit Compliance Program. **This form must be returned if applicable.**

Please return “applications” and all required forms” by certified mail to:

**Louisiana Department of Wildlife and Fisheries (LDWF)**  
**Health Permit Compliance Program**  
**P.O. Box 98000**  
**Baton Rouge, LA 70898**  
**Phone # 225-765-3980**



BOBBY JINDAL  
GOVERNOR

**State of Louisiana**  
DEPARTMENT OF WILDLIFE AND FISHERIES  
OFFICE OF FISHERIES

ROBERT J. BARHAM  
SECRETARY

September 27, 2013

**Health Permit Compliance Program**

In September of 2010, Louisiana Legislators passed RS 56:578.15 which created the Louisiana Wild Seafood Certification Program (LWSCP). The LWSCP is a voluntary program designed to guarantee the quality of Louisiana wild seafood from harvest through delivery to the retail trade or food service industries. The LWSCP was launched to the seafood industry in October 2012.

Docks participating in LWSCP have until January 1<sup>st</sup>, 2014 to obtain their DHH health permit in order to maintain active status in the LWSCP. The Louisiana Department of Wildlife and Fisheries (LDWF) developed the Health Permit Compliance Program to assist docks and processors participating in or applying for LWSCP to meet health permit regulatory requirements. This program will provide reimbursement funds to docks and processors for the purchase and installation of any necessary equipment allowing them to meet Department of Health and Hospitals (DHH) standards and to obtain their DHH permit. Eligible applicants can qualify for funding up to 50% of their eligible equipment costs with an award amount not to exceed \$20,000. See the program guidelines for a complete list of reimbursement rules and requirements.

Enclosed with this letter is the application packet which includes the following:

- Application
- Application Instructions
- Guidelines outlining reimbursement rules and requirements of the program
- W-9 form
- Board Resolution form
- Check Mailing Authorization form

Funding is allocated annually, and applications will be selected based on available funds. Eligible applicants with completed applications will be awarded funding in order, by postmark/received date of last document submitted.

Any questions concerning this program should be directed to Louisiana Department of Wildlife and Fisheries, Fisheries Oversight, P. O. Box 98000, Baton Rouge, LA 70898 or call 225-765-3980.

Sincerely,

Office of Fisheries  
Fisheries Oversight Staff

## **HEALTH PERMIT COMPLIANCE PROGRAM GUIDELINES**

### **MINIMUM QUALIFICATIONS OF APPLICANT**

- Any dock or processor with a wholesale/retail dealer license participating in, or applying for the Louisiana Wild Seafood Certification Program
- One of the following conditions must apply:
  - Applicant does not currently have a DHH permit (if a dock, refer to Appendix A for DHH **dock** permitting requirements)
  - Applicant has current DHH permit that was obtained after the launch of LWSCP (October 2012) and has receipts for equipment dated after October 2012
  - Applicant has current DHH permit and has been cited by DHH for non-compliance for some form of upgrade or repair (must submit documentation from DHH with application)
- Must possess a current Louisiana Wholesale/Retail Dealer License
- If business is owned by a limited liability company, corporation, or partnership, business must register and remain in Good Standing with Secretary of State

### **APPLICATION SUBMISSION**

If you have not already received an application packet, you can request one by contacting LDWF at **225-765-3980**.

Applicant must complete a separate application for each LDWF license and each business physical location.

*Applicants must submit the following documentation with application:*

- Copy of current Louisiana Commercial Wholesale/Retail Dealer License
- Copy of current photo ID (person who completed and signed application)
- Board Resolution form is needed if your business is registered as a Corporation, Limited Liability, or Partnership and the signatory is not a registered agent
  - Print the name of the company, LDWF license number and account number which should be the same information stated on LDWF's license. Payments cannot be made without submitting a board resolution which identifies the person authorized to sign on behalf of the business. Provide the name and title of individual authorized to act on behalf of the business. This name must match name on application.
- Copies of documentation proving ownership in the business may be required
- Documentation from DHH showing non-compliance and indicating needed upgrades or repairs (if required)
- Federal W-9 Form
  - Print full name or business in the appropriate box

- If registered under business, you must check individual/sole proprietor, corporation, limited liability, partnership or other box
  - Provide mailing address in space allocated
  - Provide either Social Security number or Employer Identification number that corresponds with Taxpayer Identification number on LDWF license
  - Sign and Date Form
- Check Mailing Authorization Form (if required)
- Quotes/Receipts
  - Must be on vendor letterhead, itemized, dated and legible
  - Must be highlighted indicating those items for which applicant is requesting reimbursement
  - Provide equipment specification sheet if available
  - Receipts must be dated after October 2012 to be accepted for reimbursement
- Additional documentation may be requested if necessary.

All applications received will be reviewed for eligibility. Equipment is eligible for reimbursement provided it meets DHH permit requirements. If equipment does not meet DHH permit requirements, applicant will be notified to submit new quotes and/or receipts.

Applicants mailing their applications should allow sufficient mail delivery time to ensure receipt of their application and documentation.

We recommend you mail applications and all document submissions by **certified mail** to:

**Louisiana Department of Wildlife and Fisheries**  
**Health Permit Compliance Program**  
**P. O. Box 98000**  
**Baton Rouge LA 70898**  
**Phone # 225-765-3980**

In the event that additional information not included with the application is required to prove eligibility, the applicant agrees to provide that information in a timely manner. If an application is incomplete, it may be sent back for applicant to make appropriate corrections. If an applicant is unable to sign documents, applicant must have power of attorney to authorize another individual to sign on behalf of applicant.

All applicants' names and tax identification numbers will be run through the IRS database to identify any mismatch. All applicants with a name and tax identification number mismatch will be notified and will need to provide appropriate documentation in order to participate in the program.

Applicants wishing to withdraw from the program after their application has been approved must do so in writing. If for any reason an applicant cannot purchase or install the required equipment and would like to withdraw from the program, applicant should notify LDWF as soon as possible. Doing so will allow LDWF to more effectively use program funds.

Equipment must be purchased and installed in the facility stated in application and cannot be transferred to another person or facility. Falsification of any information provided on the application will be cause for disqualification from the program.

## **EVALUATION AND SELECTION**

Funding is allocated annually, and applications will be selected based on available funds. Eligible applicants with completed applications will be awarded funding in order, by postmark/received date of the last document submitted. Applications received on the same date will be ordered randomly.

Approval of an application does not guarantee that an applicant will receive funds disbursed through this program. Applicants that are not awarded funding from the program initially may be selected at a later time should more funding become available.

All applicants will receive notification of their status. **Applicants should not purchase new equipment until quotes are approved.** Awarded applicants will receive an equipment approval letter notifying them when to purchase the approved equipment and stating a deadline to submit receipts/invoices for this purchased equipment. If receipts/invoices are not submitted by this deadline, applicants may be subject to being placed at the bottom of the waiting list. **Final approval of funds disbursement may be subject to an inspection or DHH permit approval.**

## **AWARD AMOUNT**

Participants in the program can qualify for funding up to 50 percent of their eligible equipment costs. Award amount may not exceed \$20,000.

## **MONITORING**

Applicants without a current DHH permit will be notified in the equipment approval process to submit a copy of their newly issued DHH permit. An on-site facility inspection may be required to verify that the equipment purchased is installed and operational before payment can be made. If an applicant fails to obtain the DHH permit or fails the on-site inspection, applicant may be notified by letter of ineligibility.

LDWF may, during regular business hours and upon reasonable notice to applicant, inspect, audit, or copy records pertaining to this program. It is further agreed that the LDWF and/or the Legislative Auditor of the State of Louisiana shall have the option of auditing all records and accounts of applicant that relate to this program at any time during normal business hours, as

often as deemed necessary, to audit, examine and make excerpts or transcripts of all relevant data. Applicant's failure to cooperate will result in forfeiture of the amount and applicant will be responsible for repaying the full amount of funds disbursed. The applicant understands and agrees that revocation of this payment will require the return of all funds disbursed. The applicant will be obligated to repay some or all funds received under this program in the event that application including any information provided therewith or thereafter contains any material misrepresentations.

## **PAYMENT**

Payment will be made to the name on the license either to an individual or business. Applicants will only be reimbursed for funding up to 50 percent of their eligible equipment costs upon approval of receipts. Award amount may not exceed \$20,000. Final approval of funds disbursement may be subject to an inspection or DHH permit approval. Income received through participation in this program is legally required to be reported to the Internal Revenue Service.

## **EQUIPMENT SPECIFICATIONS**

Reimbursement will only be approved for purchased equipment and installation or onetime repair fees. Equipment rental fees are not covered by this program. Equipment approval is based on DHH or parish health unit permit requirements. DHH permits are administered by the LA/DHH/Commercial seafood section following the Louisiana Administrative Code Title 51 Part IX Section 311, Public Health Sanitary Code.

For information specific to DHH permitting requirements, please contact DHH at (225) 342-7641.

## HEALTH PERMIT COMPLIANCE PROGRAM

### APPENDIX A

#### DHH DOCK PERMIT REQUIREMENTS

Equipment approval is based on DHH or parish health unit permit requirements. Below is a list of DHH dock requirements for permitting:

- **Toilet Facilities:** Must be connected to municipal sewage system or to individual sewage system, inspected and approved by the local/parish health department; must have at least 1 toilet per 25 employees, a hand sink with hot and cold running water and be connected to the sewage system with working ventilation, adequate lighting, and equipped with soap, hand towels, waste basket and toilet paper holder.
- **Utility sink:** Sink must be large enough to submerge any movable equipment for washing (shovels, scale baskets, etc); must have hot and cold running water and be connected to the approved sewage system; sink should be located on the dock
- **Refrigeration:** Facility must have some type of refrigeration (cooler, refer truck, etc); must be adequately drained; have adequate covered lighting
- **Lighting:** Dock must have adequate covered lighting
- **Water supply:** Must be municipal water or water well (inspected and approved by the local health department); all faucets must be protected against contamination/back siphonage with either hose bib vacuum breakers or in line check valves
- **Construction:** General construction should be of a smooth, easily cleanable surface and maintained clean and in good repair
- **Ice:** Ice must be made or purchased from an approved source
- **HACCP:** HACCP plans for corresponding products being purchased are required; every facility must have an SSOP (Standard Sanitary Operating Procedure) and applicable check list whether or not a HACCP plan is required







# HEALTH PERMIT COMPLIANCE PROGRAM APPLICATION INSTRUCTIONS

## **Section 1: Applicant /Business Name**

- Provide full applicant/business name as stated on LDWF license.

## **Section 2: LDWF License #:**

- Provide the license number stated on your current LDWF wholesale/retail dealer license.

## **Section 3: Name on LDWF license:**

- Provide the full name stated on your current LDWF wholesale/retail dealer license.

## **Section 4: LWSCP Permit #:**

- Provide the permit number stated on your Louisiana Wild Seafood Certification Permit card if applicable.

## **Section 5: Mailing Address**

- Provide the mailing address (street, city, zip code and parish) where you can be contacted regarding this program.

## **Section 6: Business' Physical Location**

- Provide the physical address (street, city, zip code and parish) of where your business is located if applicable.

## **Section 7: Contact Information**

- Provide primary telephone number (home, work, or cell). If you have an alternate number, provide number in space provided. Provide email if available.

## **Section 8: Description of Work**

- Briefly describe the work (type of equipment, installation etc.) required for obtaining your health permit in the space provided.

## **Section 9: Receipt and/or Quote Reimbursement Table**

- Provide the date stated on each quote and receipt submitted with your application in the column designated Receipt/Quote Date.
- Provide the name of the vendor/company stated on each quote and receipt submitted with your application in the column designated Vendor Name
- Provide a general/overall description of type of equipment, installation, etc. for each receipt/quote submitted with your application in the column designated General Description.
- The table for receipt/quote reimbursement continues on the back of the application if more space is needed.
- If the receipt/quote contains more than one line item, HIGHLIGHT each line item for which you are requesting reimbursement.

## **Section 10: Terms of Agreement**

- Read the terms of agreement. Application must be **completed, signed and dated**. The signatory must be name stated on LDWF license, a registered agent, or a recognized signatory as designated by either a Board of Resolutions designee or Power of Attorney documentation.

It is highly recommended that you make copies of your application and required documentation before mailing all documents to Louisiana Department of Wildlife and Fisheries (LDWF). LDWF is administering the Health Permit Compliance Program and will be receiving all applications and necessary documentation. Please return your **application and all required documentation by Certified Mail** to the following address:

**Louisiana Department of Wildlife and Fisheries (LDWF)**  
**Health Permit Compliance Program**  
**P.O. Box 98000**  
**Baton Rouge, LA 70898**  
**Phone # 225-765-3980**

**THIS FORM MUST BE COMPLETED AND RETURNED IF PAYMENTS WILL BE  
MADE TO A PARTNERSHIP, LIMITED LIABILITY COMPANY OR  
INCORPORATED BUSINESS**

**BOARD RESOLUTION**

MEETING OF THE BOARD OF DIRECTORS  
OF

\_\_\_\_\_  
Name of Company (Please Print)

\_\_\_\_\_  
LDWF License Number

\_\_\_\_\_  
Account Number (This is the EIN or TIN you used on your LDWF license)

A meeting of the Board of Directors of (\_\_\_\_\_) was held  
(Business Name)

on (\_\_\_\_\_) whereby a resolution was passed authorizing  
(Date)

(\_\_\_\_\_)  
(Name and Title of individual authorized to act on behalf of the business)

to represent and act on behalf of this business, including acting as the fiduciary agent for this  
business for the purposes of the Louisiana Department of Wildlife and Fisheries-Health Permit  
Compliance Program.

\_\_\_\_\_  
Signature of Secretary and/or Chairman

\_\_\_\_\_  
Please Print Name of Person Signing

# Check Mailing Authorization Form

I, \_\_\_\_\_ (please print name), HAVE BEEN APPROVED for a business loan to assist my purchase of the necessary equipment related to the LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES' (LDWF) HEALTH PERMIT COMPLIANCE PROGRAM.

I authorize LDWF through Postlethwaite & Netterville (P & N) to MAIL my

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) re-imbusement check to:  
(Print name on LDWF license) (LDWF license number)

Name of Financial Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Business Physical Location: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information: Phone \_\_\_\_\_

Email \_\_\_\_\_

I understand/agree as per the terms and condition of my completed loan with the entity specified above that I may be required to endorse this re-imbusement over as a partial repayment against the cost of equipment purchased by the Health Permit Compliance Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I am aware that the process for the loan approval means that this information becomes part of what can be considered public information.*