

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**

## Application for Establishment Restoration due to Summary Suspension

Typewritten responses preferred or print clearly using capital letters.  
Please refer to instructions for additional information

Handwritten forms will delay the review of this application. You are strongly encouraged to complete this form electronically.

Check Type of Application: ☐ During business hours (\$100) ☐ After-hours/weekend (\$400)  
(must select one) Payment received by 12 noon Payment received by 2:00 p.m.

**Failure to pass restoration inspection will require payment of additional fee.**

### Business or Facility Information

Establishment Name: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_ Quad: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Establishment Phone: \_\_\_\_\_ Establishment Contact (PIC): \_\_\_\_\_  
Name (Requestor): \_\_\_\_\_ Email: \_\_\_\_\_

### Required Information and/or Attachments

Have ALL of the **violations** been corrected? ☐ YES ☐ NO  
Is there a PIC with a **CFPM ID card** (or equivalent) **on duty during all hours of operation**? ☐ YES ☐ NO  
If yes, please provide FS #: \_\_\_\_\_

**If relevant, restoration inspection CANNOT be schedule without the below documents:**

If required, have you included a completed **CAPP and pest control documentation**? ☐ YES ☐ NO  
If required, have you included a completed **RCP and required documentation**? ☐ YES ☐ NO  
If required, have you provided **documentation of repairs** (plumber/electrician/etc.)? ☐ YES ☐ NO

### Payment Information

☐ Check ☐ Money Order  
Payment method <sup>†</sup> \_\_\_\_\_ Check/Money Order Number \_\_\_\_\_

<sup>†</sup> Payment may be made by check, money order, credit/debit card, or cash.  
**WE DO NOT ACCEPT PAYMENTS BY EMAIL.** The Processing Center operates M - F between 8:30am – 4:15pm. Checks and money orders may be made payable to **D.C. Treasurer**.

**Cash and Credit/Debit Card  
can ONLY be accepted in  
person at the DC Health  
Processing Center**

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711.  
For additional information, visit the Office of the Inspector General's website at <http://www.oig.dc.gov>

### Signature Section

I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

By signing or entering my name on this form, I attest that all statements are true and accurate.

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

### FOR OFFICE USE ONLY

Received/Accepted by: \_\_\_\_\_ CK/MO/CC #: \_\_\_\_\_