

Notification of Public Health Certification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that your application for the Public Health Certification has been successfully reviewed and approved. This certification acknowledges your compliance with the established health standards and regulations.

Your certification number is: [Certification Number]

Please ensure to display this certification prominently in your establishment. This certification is valid until [Expiration Date].

If you have any questions or need further assistance, feel free to contact our office at [Contact Information].

Thank you for your commitment to public health and safety.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]