

**APPLICATION FOR PERMIT
To OPERATE A FOOD ESTABLISHMENT**
(please fill-out completely, including signature)

PERMIT TYPE AND FEE (check one):

- 1. Category 1 (**\$250.00**)
- Category 2 (**\$200.00**)
- Category 3 (**\$150.00**)
- 2.. Non-profit organizations (**No Charge**)

Name of Establishment _____ Date _____
Address of Establishment _____ City _____ Zip _____
Mailing Address of Establishment _____ City _____ Zip _____
Operator or Manager _____
Establishment Phone Number _____ Emergency Phone Number _____
Establishment FAX Number _____ E-mail Address _____
 Individual Firm Corporation Partnership*

Food Service Headquarters Street City State Zip

Chief Executive Officer Street City State Zip

***If partnership, full names and complete addresses of all partners must be provided on the back of this sheet.**

Hours of Operation:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____

CERTIFIED FOOD SERVICE SANITATION MANAGER: (CATEGORY I ESTABLISHMENT: PROVIDE ADDITIONAL NAMES ON BACK OF APPLICATION.)

Name/Title _____ Number _____ Expiration Date _____
Name/Title _____ Number _____ Expiration Date _____
Name/Title _____ Number _____ Expiration Date _____

*Has this facility changed menu items or food handling practices between October 1, 2009 and September 30, 2010?
 Yes No If yes, please explain:

I affirm that the above information is true to my best knowledge and belief.

Applicant(s) Name (please print) _____ **X** Applicant(s) Signature _____
Applicant's Address _____ City _____ Zip _____

FOR OFFICE USE ONLY:

Inspection of premises made _____ Date Received: _____
Approved by _____
Permit issued _____