



APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Date: _____
 Name of Business: _____
 Address: _____
 Name of Owner/Mngr: _____ Phone: _____
 Address: _____

PLEASE SPECIFY TYPE OF BUSINESS:

Type of Business: Individual: Partnership: Corp.

| | | | |
|---------------|--|-----------|--|
| Restaurant | | Grocery | |
| Bakery | | Produce | |
| School | | Day Care | |
| Tavern | | Warehouse | |
| Meat/ Poultry | | Seafood | |
| Tort. Fact | | Other | |
| | | | |

Other: _____

No. Of Employees: _____

FEE: \$100.00

In making application for Food Establishment Permit, which is required to operate my business, I understand and agree to comply, with all Health Ordinances and other city and state laws that may govern my particular business. I understand that any violation of the above said restrictions could mean immediate revocation of the permit to operate.

 Applicant's Signature _____
 Date

 Receive By: _____
 Date

Approved by:

 Chief Building Inspector _____
 Date