



**FOOD ESTABLISHMENT PERMIT APPLICATION**

<b>FACILITY INFORMATION</b>				<i>Please Print Legibly</i>	
Facility Name:			Permit Number:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Fax:		Email:	
<b>BILLING ADDRESS</b> <input type="checkbox"/> SAME AS ABOVE					
Business Name:			Attn:		
Address:					
City:		State:	Zip Code:	Phone:	
<b>EMERGENCY CONTACT INFORMATION – In the event of an emergency occurring after-hours.</b>					
Contact Name:			Phone Number:		
Contact Name:			Phone Number:		
<b>GENERAL INFORMATION</b>					
Hours of Operation:		Certified Food Protection Managers (FSSMC, 8hr Course) <b>Exp = Expiration</b>			
Mon: _____ Tues: _____		Name: _____ LIC# _____ Exp: _____			
Wed: _____ Thur: _____		Name: _____ LIC# _____ Exp: _____			
Fri: _____ Sat: _____		Name: _____ LIC# _____ Exp: _____			
Sun: _____		Name: _____ LIC# _____ Exp: _____			
Has the facility changed menu items, layout, equipment or handling practices within the permit year?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explain:					
<b>MANAGER/OWNER SIGNATURE</b>					
_____			_____		
Signature			Date		
<b>Office Use Only:</b>			<b>Office Use Only:</b>		
<input type="checkbox"/> Cat I Establishment - \$375 <input type="checkbox"/> NFP – No Fee <input type="checkbox"/> Cat II Establishment - \$275 <input type="checkbox"/> Late Fee - \$50 <input type="checkbox"/> Cat III Establishment - \$175			Date Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Cr. Card Date Entered in Database: _____ By: _____ Sanitarian Reviewed?: <input type="checkbox"/> Yes    Date: _____		