



FOOD ESTABLISHMENT PERMIT APPLICATION

FACILITY INFORMATION				<i>Please Print Legibly</i>	
Facility Name:			Permit Number:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Fax:		Email:	
BILLING ADDRESS <input type="checkbox"/> SAME AS ABOVE					
Business Name:			Attn:		
Address:					
City:		State:	Zip Code:	Phone:	
EMERGENCY CONTACT INFORMATION – In the event of an emergency occurring after-hours.					
Contact Name:			Phone Number:		
Contact Name:			Phone Number:		
GENERAL INFORMATION					
Hours of Operation:		Certified Food Protection Managers (FSSMC, 8hr Course) Exp = Expiration			
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:					
MANAGER/OWNER SIGNATURE					
_____			_____		
Signature			Date		
Office Use Only:			Office Use Only:		
___ Cat I Establishment - \$350 ___ NFP – No Fee			Date Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Cr. Card		
___ Cat II Establishment - \$250 ___ Late Fee - \$50			Date Entered in Database: _____ By: _____		
___ Cat III Establishment - \$150			Sanitarian Reviewed?: <input type="checkbox"/> Yes Date: _____		