

**FOR BOARD OF HEALTH USE ONLY**

Date Received \_\_\_\_\_

Date Inspected \_\_\_\_\_

Approved By \_\_\_\_\_

Permit # Issued \_\_\_\_\_

**Food Establishment Permit Application**

*(Application must be submitted at least 30 days before the planned opening date)*

<b>1) Establishment Name:</b>													
<b>2) Establishment Address:</b>													
<b>3) Establishment Mailing Address (if different):</b>													
<b>4) Establishment Telephone No:</b>													
<b>5) Applicant Name &amp; Title:</b>													
<b>6) Applicant Address:</b>													
<b>7) Applicant Telephone No:</b>	<b>24 Hour Emergency No:</b>												
<b>8) Owner Name &amp; Title (if different from applicant):</b>													
<b>9) Owner Address (if different from applicant):</b>													
<b>10) Establishment Owned By:</b> <input type="radio"/> An association <input type="radio"/> A corporation <input type="radio"/> An individual <input type="radio"/> A partnership <input type="radio"/> Other legal entity _____	<b>11) If a corporation or partnership, give name, title, and home address of officers or partner.</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="left" style="width:45%;"><u>Name</u></th> <th align="left" style="width:20%;"><u>Title</u></th> <th align="left" style="width:35%;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
<b>12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>													
Name & Title:													
Address:													
Telephone No:	Fax:												
Emergency Telephone No:													
<b>13) District Or Regional Supervisor (if applicable)</b>													
Name & Title:													
Address:													
Telephone No:	Fax:												

**Over**

