

FOR BORD 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)

1) Establishment Number:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:													
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No:													
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different form applicant):													
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> An partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table border="0"> <tr> <td align="center"><u>Name</u></td> <td align="center"><u>Title</u></td> <td align="center"><u>Home Address</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax:												
Emergency Telephone No:	_____												
13) District Or Regional Supervisor (if applicable)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax:												

