

**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)*

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No.:													
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No:	24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different from applicant):													
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner.  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><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>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
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 <i>(if applicable)</i>													
Name & Title:	_____												
Address:	_____												
Telephone No.	Fax: _____												

