

NEW FOOD PERMIT APPLICATION

ID: _____

ESTABLISHMENT: _____

ADDRESS: _____ **PHONE:** _____

FAX: _____ **E-MAIL:** _____

OWNER, OR CORPORATE AGENT FOR SERVICE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **PHONE:** (____) _____

IF DIFFERENT THAN OWNER'S NAME & ADDRESS, SEND RENEWAL APPLICATION TO:

NAME: _____ **ADDRESS:** _____

(STREET, CITY, STATE ZIP)

MANAGER: _____ **CERTIFIED? (y/n):** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **PHONE:** (____) _____

DESIGNATED ALTERNATE PERSON IN CHARGE: _____

SEATING: _____ **NON-PROFIT? (TAX EXEMPT #):** _____

TYPE OF ESTABLISHMENT:

RESTAURANT <100 SEATS	RESTAURANT ≥100 SEATS
INDUSTRY <100 SEATS	INDUSTRY ≥100 SEATS
SCHOOL	CATERER
MOBILE VENDOR	TAKE-OUT ONLY
NURSING HOME	FOOD STORE, LARGE
FOOD STORE, SMALL W. DELI	FOOD STORE, SMALL W/O DELI
BED & BREAKFAST	CHURCH
SERVICE CLUB OR FRATERNAL ORDER	TEMPORARY (<14 DAYS)
BAKERY	OTHER

VIN #: _____ **MARKER #:** _____

IF TEMPORARY, TYPE OF EVENT (FAIR, CHURCH SUPPER, ETC.): _____

DATE(S)/PLACE/ HOURS OF EVENT: _____

WHAT FOODS AND BEVERAGES ARE TO BE SERVED (LIST ALL)? _____

WILL THEY BE PREPARED ON SITE? (Y/N) _____ **IF NO, WHERE WILL THEY BE PREPARED?** _____

TYPE OF PREPARATION:

PRE-PACKAGED FOOD ONLY	COLD FOOD ONLY	COOKED < 4 HOURS BEFORE SERVICE	COOKED ≥ 4 HOURS PRIOR TO SERVICE
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SEASONAL (Y/N): _____ **IF YES, MONTHS OPEN:** _____

APPLICATION DATE: _____ **SIGNATURE:** _____

PRINT NAME: _____

FEE: _____ **PERMIT #:** _____ **ISSUED:** _____ **EXPIRES:** _____

**HAVE YOU FILLED IN ALL REQUIRED INFORMATION?
HAVE YOU SIGNED THE APPLICATION AND ENCLOSED THE FEE?**