APPLICATION FOR FOOD ESTABLISHMENT/HEALTH PERMIT

Name of Establishment:_____

Establishment Address:_____

Type of Establishment:_____

Establishment Phone Number:_____

Owner of Establishment:_____

Owners Address:_____

Owners Phone Number:_____

Establishment Manager/Supervisor:_____

Number of Employees:_____

Annual Fee (Based on the Number of Employees):_____

I certify that the above information is correct to the best of my knowledge and should any information change that would affect this permit, I will so notify the City of Selma at that time.

Name of Applicant:_____

Title of Applicant:_____

Signature of Applicant_____ Date of Application:_____

FOR CITY OF SELMA USE ONLY

Date Inspection Scheduled: _____

Date Inspection Completed: _____

Date Food Establishment Permit issued: _____

FEE SCHEDULE FOR FOOD ESTABLISHMENT PERMIT

1-3 Employees $100.00 11-20 Employees $400.00
4-6 Employees $200.00 21 + Employees $500.00
7-10 Employees $300.00
Permit for a Frozen Beverage Machine Additional $125.00