



FOOD SERVICE LICENSING APPLICATION

Name of Establishment: _____

Address of Establishment: _____

Mailing Address (if different): _____

Proprietor: _____

Type of License or Permit (check only one):

- ☐ Public Eating and Drinking Place (fee \$75.00)
- ☐ Temporary or Seasonal License (less than 14 days) (fee \$50.00)
- ☐ Retail Food Establishment:
- Less than 2,000 sq. ft. (fee \$50.00)
 - 2,001 sq. ft. and over (fee \$75.00)

Square Feet (all areas of facility, including storage areas are to be included) _____

Applicant or Authorized Agent Must Sign.

Date Signature

- ☐ Applicant
☐ Authorized Agent

Date Signature of Sanitarian

FOR OFFICE USE ONLY			
Date Payment Received _____	Amount _____	Ck # _____	
License Expires _____	Initials _____		