FOOD ESTABLISHMENT PERMIT APPLICATION

FEES

FOOD ESTABLISMENT PERMIT APPLICATION...$300 **ALL FEES ARE NON-REFUNDABLE**

TYPE OF PERMIT: **INITIAL** ☐ **RENEWAL** ☐ **TEMPORARY** ☐ **CHANGE OF OWNERSHIP** ☐
IF TEMPORARY, START DATE: _____ END DATE: _____

ESTABLISHMENT

NAME OF ESTABLISHMENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ EMERGENCY TELEPHONE #: _____

TYPE OF OPERATION: **WHOLESALE** ☐ **RETAIL** ☐

TYPE OF FOOD ESTABLISHMENT: **RESTAURANT** ☐ **BAR/TAVERN** ☐ **GROCERY** ☐ **BAKERY** ☐

FAST FOOD/DELI ☐ **WAREHOUSE** ☐ **CART** ☐ **TYPE OF CART:** _____

OWNER of BUSINESS

NAME: _____

MAIL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ D.L#: _____

FOOD MANAGER

NAME OF REGISTERED FOOD MANAGER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ D.L. #: _____

- **PLEASE PROVIDE A DETAILED DESCRIPTION OF THE TYPE OF FOOD AND/ OR MERCHANDISE THAT WILL BE SOLD AT THE ESTABLISHMENT**

LIST THE PRODUCTS/SERVICES OFFERED AT ESTABLISHMENT: _____
_____
_____
_____

CERTIFIED STATEMENT-SIGNING BELOW ATTEST TO EACH OF THE FOLLOWING STATEMENTS

- I certify, by signing below, that the information provided on this application is true and correct. I further acknowledge that providing false or fictitious information will render this application invalid.
- I understand that after this application has been filed, the permit fee will not be refunded regardless of approval or denial of the permit, and that the permit is not transferable.
- I understand that any permit granted on this application may be suspended or revoked and that failure to comply with the Code of Ordinances shall be deemed sufficient cause for these and other enforcement actions.
- **Should any of the information given on this application change or become in any way invalid, I will notify the City in writing within fifteen (15) days of that change.**

APPLICANT'S SIGNATURE: _____ DATE: _____

PERMIT #: _____ FEE RECEIPT # _____ DATE: _____