



# Health Permit Application

Date: \_\_\_\_\_ Original  Renewal

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Business: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Owner of Business: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB : \_\_\_\_\_

If Owner is a partnership, give names, street addresses, city, state, zip & phone numbers of partners.

If Owner is a Corporation, give names, street address, city, state, zip & phone number of corporate/district office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one:

\$200 Fee  Mobile Food Vending Unit License Plate #: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ DL#: \_\_\_\_\_

\$250 Fee  Retail Store  Convenience Store  Grocery Store  Assisted Living  Hotel

\$300 Fee  Restaurant/Food Establishment  School  Church

Billing/Mailing Address (if different from establishment address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email (required) \_\_\_\_\_ Fax number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Manager/Operator

\_\_\_\_\_  
Printed name of Manager/Operator

City use only – Do Not Write below this line

Permit Fee Received: \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Inspected by Health Inspector on: \_\_\_\_\_