



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: _____ 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: _____