

**FOR BOARD OF HEALTH USE ONLY**

Date Received

Date Inspected

Approved By

Permit # Issued

**Food Establishment Permit Application**

*(Application must be submitted at least 30 days before the planned opening date)*

1) Establishment Name:														
2) Establishment Address:														
3) Establishment Mailing Address (if different):														
4) Establishment Telephone No.:														
5) Applicant Name & Title:														
6) Applicant Address:														
7) Applicant Telephone No:		24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):														
9) Owner Address (if different from applicant):														
10) Establishment Owned By:  <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner.  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)														
Name & Title:														
Address:														
Telephone No.:	Fax:													
Emergency Telephone No:														
13) District or Regional Supervisor <i>(if applicable)</i>														
Name & Title:														
Address:														
Telephone No.	Fax:													