DIRECTOR



HEALTH & HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

Healthy People in Healthy Communities

FOOD FACILITY PERMIT APPLICATION

FEES ARE NON-REFUNDABLE

NAME OF BUSINESS	
ADDRESS (PHYSICAL)	
CITY, STATE, ZIP	
MAILING ADDRESS	
CITY, STATE, ZIP	
BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER
NAME OF COMMISSARY (IF APPLICABLE)	
ADDRESS	
CITY, STATE, ZIP	
NAME OF BUSINESS OWNER _	
NAME OF APPLICANT	
SIGNATURE	DATE
TYPE OF BUSINESS:	() RESTAURANT
	NUMBER OF SEATS:
	() RETAIL MARKET – SQUARE FEET NUMBER OF FOOD PREP UNITS (I.E., DELI, FISH SECTION, BAKERY)
	() MOBILE FOOD PREP UNIT VEHICLE LIC. #
	() OTHER
PERMIT FI	EE (AS PER SCHEDULE A) \$