

HEALTH & HUMAN SERVICES AGENCY

ENVIRONMENTAL 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
EMAIL ADDRESS	
NAME OF COMMISSARY	
(IF APPLICABLE)	
ADDRESS	
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. #
	() 5
OFFICE USE ONLY: PERMIT FEE:	ASSIGNED PERMIT #