

# Food Establishment Permit Application

## A. Establishment Information

Establishment Name

Establishment Address

City

State

Zip Code

Phone Number

Email Address (optional)

## B. Owner/Operator Information

Owner/Operator Name

Owner/Operator Address

Phone Number

Email Address

## C. Establishment Details

Type of Establishment

 Select 

Seating Capacity

Days/Hours of Operation

Brief Description of Food Served

#### **D. Permit Information**

Application Type

Anticipated Opening Date

Previous Permit Number (if renewal)

#### **E. Applicant Signature**

Applicant Name (print)

Signature

Date