

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

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