



HEALTH PERMIT APPLICATION

ESTABLISHMENT NAME:

PHYSICAL ADDRESS OF ESTABLISHMENT:

TYPE OF FOOD ESTABLISHMENT SERVES:

CONTACT INFORMATION:

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

SEND RENEWAL NOTICE TO:

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

SIGNATURE: _____

For Office Use Only

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Date Issued _____

Permit # _____